

APPLICATION FOR GRADUATION

Kent State University
College of Education, Health, and Human Services
OFFICE OF GRADUATE STUDENT SERVICES
ROOM 418 WHITE HALL
KENT, OH 44242-0001

Telephone: 330-672-2576

Web: <http://www.ehhs.kent.edu/offices/OGS/>

Fax: 330-672-9162

The deadline to apply is always the first Friday of the semester in which you hope to graduate. Students who submit a graduation application after the deadline will be subject to a \$200 non-refundable late processing fee upon acceptance of the application.

Semester you plan to graduate: (Dec) Fall 20____ (May) Spring 20____ (Aug) Summer 20____

Banner ID: _____

Legal name as listed with the Registrar's Office _____
First Middle Last

PLEASE NOTE: The official name on file with the Registrar's Office is the name that will appear on the diploma. If any change is to be made, please contact the Registrar at 330 -672-3131.

Address: _____
Street City State Zip

Telephone: _____ Cell Phone: _____ Email: _____

Degree to be Awarded:

____ Au.D ____ Ed. S ____ M.A. ____ M.Ed ____ M.A.T. ____ M.S.

Major _____ Advisor _____
(List on reverse side of this sheet)

Do you have an official plan of study on file in 418 White Hall?	Y	N
Do you have incomplete coursework on your transcripts?	Y	N
<i>(IN/IP grades for courses required for your degree MUST be changed by the published deadline.)</i>		
Have you transferred coursework from another institution onto your Kent State transcripts?	Y	N
University/College _____	Number of hours _____	

Please read the following:

I understand that in order to meet requirements for graduation, I must maintain a 3.0 grade point average and complete all coursework indicated on my plan of study, which includes removal of all IN/IP grades for courses required for my degree. I am aware that I am permitted to graduate with IN/IP grades in courses that are not required for my degree, and that I will be given the opportunity to clear these grades up to 30 days after graduation. After that time my records will be frozen to reflect a complete historic record of my coursework at Kent State, and no more grade changes for these courses can be initiated.

Signature of Applicant _____ Date _____

Degrees and Majors

Doctor of Audiology (Au.D)Audiology

Major Title

Audiology

Educational Specialist Degrees (Ed.s)

Curriculum & Instruction- General
Counseling
Career Technical Teacher Education
K-12 Leadership
Higher Education
Rehabilitation Counseling
Special Education
School Psychology
Vocational Education

Master of Arts (M.A.) and Master of Education (M.Ed)

Curriculum & Instruction- General
Community Counseling
Junior High & Middle School/Middle Childhood
Math Specialization
Cultural Foundations
Career Technical Teacher Education
EDAD- Higher Education & Student Personnel
EDAD- K-12 Leadership
Early Childhood Education
Elementary Education
Exercise, Leisure, and Sport

Sport and Recreation Management
Exercise Physiology
Sports Studies
Physical Teacher Education
Athletic Training

Educational Psychology
Evaluation & Measurement
Family Studies

Gerontology
Human Development and Family Studies

Health Education

Special Education/Intervention Specialist

Moderate/Intensive
Deaf Education
Interpreter Education
Early Childhood Intervention Specialist
Gifted
Mild/Moderate
General Special Education
Transition to Work

Master of Arts (M.A.) and Master of Education (M.Ed) [Continued]

Major Title

Instructional Technology
Library/Media
Computer/Tech.
ITEC General

Learning and Development
Reading Specialization
Rehabilitation Counseling
School Counseling
Secondary Education/Adolescent/Young Adult
Speech Language Pathology
School Psychology
General Supervision
Vocational Education

Master of Arts in Teaching (M.A.T.)

Early Childhood Education
Secondary Education

Master of Science (M.S.)Family and Consumer Studies

Nutrition
Dietetic Internship