

## APPLICATION FOR GRADUATE DEGREE (MASTERS)

**INSTRUCTIONS:**

1. Complete and sign this form.
2. Pay \$100 application fee using CASHNet. For more information, contact the Cashier's Office at (671) 735-2923 or Bursar Office at (671) 735-2945/6.
3. Submit the completed form to the Office of Admissions & Records or send it to [graduatestudies@triton.uog.edu](mailto:graduatestudies@triton.uog.edu).
4. Degree Audit: The Office of Admissions and Records will review your academic progress toward graduation. Please consult your Program Chair for specific degree requirements. Your program evaluation will be available on Self-Service. Diplomas for paid applications submitted ten (10) days before Commencement Day may not be ready for diploma covers.
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*NOTE: In the event you do not complete graduation requirements in the semester you indicate below, you must submit another Application for Graduate Degree form with a reapplication fee (\$50).*

FULL NAME (PLEASE PRINT)		SSN/ID#	
GUAM MAILING ADDRESS		PERMANENT HOME ADDRESS	
VILLAGE RESIDING IN	EMAIL	PHONE#(S)	
PRIOR DEGREES			
Baccalaureate Degree: _____		College/University: _____	
Masters Degree: _____		College/University: _____	
I EXPECT TO GRADUATE BY THE END OF SEMESTER:    20_____ Fall    20_____ Spring    20_____ Summer			
I HEREBY SUBMIT THIS APPLICATION FOR THE DEGREE OF:    MA    MAcc    MAT    MED    MBA    MPA    MS    EdD			
MAJOR		AREA OF SPECIALIZATION	
I WISH TO HAVE MY NAME APPEAR ON MY DIPLOMA AS FOLLOWS: (PLEASE PRINT)			
MY PLAN IMMEDIATELY FOLLOWING MY GRADUATION (CHECK ALL THAT APPLY):			
<input type="checkbox"/> Continue employment with _____ <input type="checkbox"/> Attend graduate school: <input type="checkbox"/> at UOG <input type="checkbox"/> at another institution <input type="checkbox"/> Seek employment with: <input type="checkbox"/> GovGuam <input type="checkbox"/> Local Private Sector <input type="checkbox"/> Federal Government <input type="checkbox"/> Off-Island firm <input type="checkbox"/> Undecided			
MILITARY STATUS: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> None			
RECEIVING YOUR DIPLOMA:			
<input type="checkbox"/> I wish to participate in the Commencement Program <input type="checkbox"/> I will pick up my diploma after Commencement Day <input type="checkbox"/> I wish to graduate in absentia <input type="checkbox"/> Please mail my diploma to: <input type="checkbox"/> my Guam mailing address <input type="checkbox"/> my permanent home address			
<i>NOTE: Diplomas will be distributed at the Commencement Program. If you do not participate in the program, you may pick up your diploma at the Admissions &amp; Records Office after Commencement Day, or opt to have it mailed to you. (Note: Domestic certified mail &amp; foreign mail charges vary. Please contact the cashier.)</i>			
STUDENT'S SIGNATURE		DATE	
<b>X</b>			
<b>FOR OFFICIAL USE</b>			
PAYMENT AMOUNT	PAYMENT RECEIPT NO.	PAYMENT DATE	PAYMENT RECEIVED BY
EVALUATION REMARKS			