Indiana University of Pennsylvania
SCHOOL OF GRADUATE STUDIES AND RESEARCH

Stright Hall, Room 101   P 724.357.4511
210 South Tenth Street   F 724.357.2716
Indiana, Pennsylvania 15705-1058
www.iup.edu/graduatestudies

GRADUATE STUDENT APPLICATION FOR GRADUATION

Your diploma will bear your full legal name in accordance with the Pennsylvania State System of Higher Education Board of Governors' Policy. Your diploma name will be the same as your transcript name.

First Name _____   Middle Name _____   Last Name _____

IUP E-mail: _____   Previous Name(s) _____

Banner ID @ _____   Telephone Number _____

Post-Graduation Address* (The address to which you would like your diploma mailed.)

Street 1 _____

Street 2 _____

City _____   State _____   Zip _____

Note: The Post-Graduation Address will not change your permanent address of record. If there is a change in your permanent address it is your responsibility to make these changes by logging into MyIUP (www.iup.edu/myiup).

Graduation Date:

☐ May
☐ August
☐ December
☐ January

Year _____

Program of Study _____

Track/Concentration _____

Degree Sought: ☐ MA   ☐ MS   ☐ MEd   ☐ MBA   ☐ MFA

☐ DEd   ☐ PhD   ☐ PsyD   ☐ Certification (Post MA)

Student Signature _____   Date _____

Send the completed form to: grad-student-graduation@iup.edu

Graduation application deadlines (Graduate Students): *May Graduation*   *May 1*
                                                          August Graduation   *August 1*
                                                          December Graduation   *December 1*
                                                          January Graduation   *January 1*