

NOTE: IT IS IMPORTANT THAT YOU READ THE BACK OF THIS FORM BEFORE COMPLETING THIS SIDE.



GRADUATE STUDIES DEGREE APPLICATION

TRINITY COLLEGE

BY WHICH MONTH AND YEAR WILL YOU HAVE COMPLETED YOUR DEGREE REQUIREMENTS	
<input type="checkbox"/> MAY 20 _____ <small>(YEAR)</small>	<input type="checkbox"/> DECEMBER 20 _____ <small>(YEAR)</small>

NAME: NOTE: THE NAME THAT YOU INDICATE BELOW WILL BECOME THE PERMANENT NAME ON YOUR DIPLOMA

PRINT HERE:
PLEASE CLEARLY PRINT, INCLUDE ANY PUNCTUATION OR ACCENT MARKS.

NAME PRONUNCIATION:

PRINT HERE:
PRINT YOUR NAME EXACTLY AS IT IS PRONOUNCED (SEE REVERSE SIDE FOR INSTRUCTIONS):

STUDENT ID:	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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DEGREE TYPE:

MASTER OF ARTS:	PROGRAM:

CREDIT:

ARE TRANSFER CREDITS CURRENTLY PENDING FROM ANOTHER COLLEGE?	<input type="checkbox"/> YES * <input type="checkbox"/> NO	IF YES, HOW MANY?	* PLEASE NOTE THAT ALL TRANSFER GRADES MUST BE RECEIVED BY THE END OF TRINITY'S TERM FOR YOU TO REMAIN A DEGREE CANDIDATE.
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ADDRESS:

EMAIL:	CELL PHONE NUMBER:

I HAVE MET WITH MY ACADEMIC ADVISOR(S) TO REVIEW OUTSTANDING REQUIREMENTS IN MY MAJOR(S), AND WE HAVE DETERMINED THAT I AM ON SCHEDULE TO GRADUATE AT THE END OF THE TERM INDICATED ABOVE.

STUDENT SIGNATURE:	DATE OF APPLICATION
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