| UTRGV  |  |                          |   | Fee - \$32                      |
|--|--|--------------------------|---|---------------------------------|
| Graduate College   | Grad                                   | uation Appli             | cation                                      |                                 |
| On-Can   |  |                          | 16 -week T                                  | erms)                           |
|  | •                                      | Doctoral, and            |   | ,                               |
|  | ,                                      | Summer: Feb 1            |   |                                 |
| *Graduation Term (check o  | ne) May                                | July (Summer 1)          | August (Summer II)                          | December 20                     |
| *Graduation Term is the semest<br>a separate email from the Office of<br>invited to the December comment<br>Please note you MUST be enrolle  | f the Registrar inv<br>ement ceremony. | iting you to the commend |   |                                 |
| Student Information  |  |                          |   |                                 |
| Name   | I.D#                                   |                          |   |                                 |
| Candidate for Degree in  |  |                          |   |                                 |
| Concentration/Specializat  | ion:                                   |                          |   |                                 |
| Do you plan to participate   | e in commencen                         | nent ceremony?           |   |                                 |
| Stu  | dent Signature                         |                          |   | Date                            |
| <ul> <li>Graduating students must mee<br/>UTRGV.</li> </ul>  | institutional resid                    | ency requirements by com | pleting a minimum of 1/3 of                 | f credits towards the degree at |
| <ul> <li>If you do not complete all required to transfer your graduated to transfer your graduated</li></ul> | 0                                      | 1 1                      |   | ion Form to the Graduate        |
| For Department Us  | e Only                                 |                          |   |                                 |
| Indicate Capstone Experience   | (Check all that                        | apply)                   |   |                                 |
| Master's Project   | Capstone Cou<br>Electronic Por         |                          | ensive Exam – Written<br>ensive Exam – Oral | Professional Report             |
|  |  |                          |   |                                 |
| Date completed/ Date to be c   | ompleted                               |                          |   |                                 |
| Substitutions  |  |                          |   |                                 |
| Waivers  |  |                          |   |                                 |
|  |  |                          |   |                                 |
| Academic Program Coord   |  |                          |   |                                 |
| / Faculty Director   |  |                          |   |                                 |
|  |  |                          | _ Date                                      |                                 |
| Dean   |  |                          |   |                                 |
|  | gr                                     | adcertification@utrg     | v.edu                                       |                                 |

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