Graduation Packet for Master’s Candidates: Non-Thesis

**IMPORTANT:** You must be a registered student during the term in which you graduate. Submit all items listed below no later than their respective deadlines. Failure to meet specified deadlines may result in postponement of your graduation.

- **Application for Graduation [2231].** Submit this form with the Graduation Fee of $80 **no later than the end of registration for Session 2 of the term in which you will graduate.** The Graduation Fee is valid for ONE YEAR ONLY and is non-refundable. Upon approval of the Application for Graduation you will be listed as a degree candidate. If you find that you will not complete your degree requirements within that year, contact the Dean of Academic Affairs and submit a new Application for Graduation for the term in which you will complete your degree program.

- **Application to Schedule Comprehensive Examination [2261].** Submit this form, signed by your Graduate Adviser, **no later than the end of Session 2 registration for the term in which you plan to graduate.** You must be enrolled for at least three credits during the term in which the Comprehensive Exam is being taken. The “Comps” are scheduled two to five weeks before the end of the term. Check with your Graduate Adviser for the exact dates for your exams and for guidance in preparing for the exams.

- **Library Clearance Form & Certificate of Financial Release [2232].** Submit this form, signed by the Librarian and the Business Manager respectively, by the **last class day.**
Application for Graduation

Expected graduation date: ________________

Your Name: ____________________________________________

(full name exactly as it should appear on your Diploma)

(Please use exact spacing, accent marks, and capitalization.)

Address where final diploma should be sent:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Email: ________________________________

Circle one: Female Male

Cap, hood and gown will be available to borrow for the commencement ceremony. You may keep the tassel from your cap as a memento.

Current Phone #: ________________________________

Please indicate size for gown: HEIGHT: ___ feet ___ inches

Degree: 

☐ Applied Linguistics
☐ Language Development
☐ Language and Culture Studies
☐ World Arts

Concentration

☐ Non-Thesis
☐ Thesis

Newspaper Notification:
Do you want notification of your graduation sent to your hometown newspaper? ○ Yes ○ No

(You must notify additional newspapers directly.)

Name & Address of newspaper: ____________________________________________________________

Commemtence Invitations:

☐ Do not order any invitations.
☐ Order only the 20 invitations included in the graduation fee.
☐ Order ___ additional invitations.

(You are responsible to pay for the extras.)

Note to Fall graduates: There is no Fall Commencement ceremony. You will be honored in a special chapel. Notify the Dean of Students if you want to participate in the Spring Commencement ceremony.

You will not receive your diploma during the graduation ceremony. Your diploma will be mailed to you, at the address you give to the Registrar, upon verification of completion of all requirements.

Deadline: No later than the end of registration for Session 2 of the term in which you plan to graduate. Please make payment of the $80 graduation fee at the GIAL Finance Office. Submit this completed form to the Dean of Academic Affairs office.

METHODS OF PAYMENT
Payable to G.I.A.L. CHECK OR MONEY ORDER ONLY. NO CREDIT CARDS ACCEPTED.

*** The Graduation Fee is valid for ONE YEAR ONLY and is non-refundable. ***

Finance Office Receipt of Payment

Date: ____________ Initial (Finance) ____________ Initial (Registrar)

☐ Dean's Assistant to notify the following when application is received (President, Deans, Department Head, Library, Finance, and Registrar).

GIAL
GRADUATE INSTITUTE OF
APPLIED LINGUISTICS

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Updated 2/11/2015
Application to Schedule Comprehensive Examination

Comprehensive Examinations are scheduled two to five weeks before the end of the term. Consult with your faculty adviser regarding the exact date of the comps and for guidance in preparing for the exams.

Please note that Comprehensive Examinations are to be taken during the term in which you will graduate; you must be enrolled as a student during that term. Submit this form, signed by your graduate adviser, to the Dean of Academic Affairs office no later than the end of registration for Session 2 of the term in which you will graduate.

Student last name ___________________ First name ___________________ Middle name/initial ___________________

________________________________________ Phone number ___________________

Term of graduation ___________________

I request that I be registered to take the Comprehensive Examination for the Master of Arts degree in __________________________, with a concentration in __________________________.

(name of major) __________________________ (name of concentration) __________________________

Signature of Student ___________________ Date ___________________

Certification of qualification to take the comprehensive exam

_____________________________ has successfully completed all the courses required for the MA degree, except the following courses for which he/she is registered this term:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

and is cleared to sit the regularly scheduled comprehensive exam.

Signature of Graduate Adviser ___________________ Date ___________________

Consistent with the Rehabilitation Act of 1973 as amended and the Americans with Disabilities Act, GIAL seeks to provide "reasonable accommodation" to students with disabilities taking the comprehensive examination, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing the office of the Dean of Academic Affairs of the disability at the time this form is submitted and in providing authorized documentation.
Library Clearance

(print or type) Last name First name Middle name / initial

GIAL Library card #____________ who is scheduled to graduate in___________________,
(month / year)
has no library book(s) or library fines outstanding.

Librarian __________________ Date __________________

Submit this form to the Office of the Dean of Academic Affairs by the last class day of the term in which you are scheduled to graduate.

NOTE TO LIBRARIAN: Please de-activate the student's library privileges as a GIAL student.

Certificate of Financial Release

☐ This student who is scheduled to graduate in __________________ has no unpaid tuition and/or fees.
(month/year)

Business Manager Signature __________________ Date __________________

Thesis Writer’s Clearance Release

☐ Does not apply I did not write a thesis.

☐ All thesis binding fees paid. __________________ __________________
   (Business Manager Signature) (Date)

☐ Yes, please submit my electronic thesis for posting on the GIAL website.
☐ I have submitted an electronic PDF to my thesis chair.

______________________________ ___________________________
   (Student Signature) (Date)

☐ No, please do not submit my electronic thesis for posting on the GIAL website.

______________________________ ___________________________
   (Student Signature) (Date)

Submit this form to the Office of the Dean of Academic Affairs by the last class day of the term in which you are scheduled to graduate.

For office use only (initial when complete): Dean's office has received form
☐ _____Scanned, Sent e-copy of form to thesis chair for authorization to send thesis to IT for posting
☐ _____Sent e-copy of form to registrar for filing in student's file

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