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# Application for Graduation

For Master of Science / Master of Liberal Arts Candidates

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**MCDANIEL**  
COLLEGE

*Graduate and Professional Studies*

**Please complete this form and return to:**

McDaniel College, Registrar's Office  
2 College Hill, Westminster, MD 21157-4390

Or fax to: 410-857-2752

Phone: 410-857-2755

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**PLEASE PRINT ALL INFORMATION CLEARLY:**

Check here if new address

Name: \_\_\_\_\_ Student ID or SS #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

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**PLEASE CHECK ONE:**

I will participate in Commencement on Saturday, May 23, 2009.

I will **NOT** be able to participate in Commencement. My diploma should be mailed to the above address.

I do not expect to fulfill degree requirements at this time.

I anticipate completing all requirements for my degree in:

May \_\_\_\_\_  August \_\_\_\_\_  December \_\_\_\_\_  
Year Year Year

\*\*\*If unsure check with your program advisor\*\*\*

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**PLEASE CHECK YOUR DEGREE:**

Master of Science

Master of Liberal Arts

Please PRINT your name as you wish it to appear on your diploma:

\_\_\_\_\_

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**PLEASE COMPLETE THE FOLLOWING (if necessary):**

I will need special arrangements for my disability:

My guest(s) will need special arrangements for:

Please specify: \_\_\_\_\_ Please specify: \_\_\_\_\_

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**NOTE:** Specific seating areas will be reserved for guests with physical disabilities and reserved seating will be by ticket only.