MASTER OF EDUCATION GRADUATION INFORMATION

Graduation Eligibility:

(See the School of Education graduate catalog and your academic advisor.)

Graduation Filing Deadlines:

- December Graduates: September 15th (or the first business day after)
- May and August Graduates: February 15th (or the first business day after)

Filing Instructions:

Complete the Intent to Graduate Form below and submit it to the School of Education (medgraduation@stthom.edu). The form will be forwarded to the Associate Registrar when it has been signed.

General Information:

- **Communications about graduation will be sent out using UST e-mail. Be sure to check your e-mail regularly.**
- There is one degree conferral date for Summer. All degrees will be conferred at the end of August.
- There is one commencement ceremony for each academic year. This includes everyone whether they graduate in December, May, or August.
- The term in which you graduate will be the term in which you complete all the requirements for your degree. If you will complete your work in the summer, you may walk in May, but your graduation term will be August.
- It takes approximately three months for diplomas to be available. You will receive a letter letting you know when they are here.
- If you will need a transcript showing your degree as having been conferred, please indicate "send when degree is posted" on your transcript request form.
- If you plan on participating in the May commencement ceremony, please check the UST web site for information concerning time, place, regalia, etc.
- If you have any additional questions, please contact Latoya Whitaker, Associate Registrar, by phone at 713-525-2152 or by e-mail at RICHMOL@stthom.edu

UNIVERSITY OF ST. THOMAS

MASTER OF EDUCATION (MED)

INTENT TO GRADUATE

Please complete this application and submit it to the School of Education. The University deadlines to file for graduation are September 15th for December graduation and February 15th for May, and August graduation. Once signed and approved, the application will be forwarded to the Degree Auditor in the Registrar's office.

_____

TERM OF GRADUATION (Month, Year)
[NOTE: This is the term all work is completed!]

_____

UST ID NUMBER

The name that will appear on your diploma and in the commencement program will be the same name that is listed on your official documents with the University.

Name: _____

Check **one** of the following **approved** resource areas.

☐ All Level Teaching	☐ Educational Leadership	☐ Multicultural Urban Education
☐ Bilingual/Dual Language	☐ Elementary Teaching	☐ Reading
☐ Catholic/Private School Leadership	☐ English as a Second Language	☐ Secondary Teaching
☐ Catholic School Teaching	☐ Exceptionality/Educational Diagnostician	☐ Teacher Leadership
☐ Counselor Education	☐ Exceptionality: Special Education	☐ Other (*Specify*)_____
☐ Curriculum and Instruction	☐ Generalist	

Do you plan to participate in the May commencement ceremonies? Yes_____ No_____

Contact Information: Home Phone: _____ Work Phone: _____ Cell Phone: _____

UST E-Mail ***(Notices are sent via UST e-mail!)***: _____ Alt. E-Mail: _____

STUDENT: PLEASE READ BEFORE SIGNING: By signing below, I certify that, to the best of my knowledge, I will be qualified to graduate upon successful completion of all remaining requirements. I understand that the advisor's approval is not a warranty by either the advisor or the University that I am entitled to graduate. **Should discrepancies be discovered at a later date and I fail to graduate, I remain solely responsible for fulfilling the requirements in my catalog of entry.** This does not waive my right of appeal.

Signature of Degree Candidate: _____ **Date:** _____

STUDENTS: PLEASE DO NOT WRITE BELOW THIS LINE

TO BE FILLED IN BY FACULTY ADVISOR (Please list any degree requirements remaining to be completed)**:**

Credit Hours: _____ _____ _____ _____ _____

Teaching Experience: _____

Other: _____

SIGNATURE OF PROGRAM DIRECTOR: _____ Date: _____

Date forwarded to Degree Auditor: _____

REGISTRAR'S OFFICE USE ONLY

Date Received: _____

Signature of Degree Auditor: _____

DEGREE REQUIREMENTS:
No. Hours: _____
GPA: _____
Course Reqs: _____