



## MASTER OF EDUCATION GRADUATION INFORMATION

### Graduation Eligibility:

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

### Graduation Filing Deadlines:

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

### Filing Instructions:

Complete the Intent to Graduate Form below and submit it to Thembi Williams in the School of Education. The form will be forwarded to the Assistant 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 Richmond, Assistant 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**

NAME PRINTED AS DESIRED ON DIPLOMA \_\_\_\_\_

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

UST ID NUMBER \_\_\_\_\_

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

Name: \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> All Level Teaching                 | <input type="checkbox"/> Educational Leadership                   | <input type="checkbox"/> Generalist                    |
| <input type="checkbox"/> Bilingual/Dual Language            | <input type="checkbox"/> Elementary Teaching                      | <input type="checkbox"/> Multicultural Urban Education |
| <input type="checkbox"/> Catholic/Private School Leadership | <input type="checkbox"/> English as a Second Language             | <input type="checkbox"/> Reading                       |
| <input type="checkbox"/> Catholic School Teaching           | <input type="checkbox"/> Exceptionality/Educational Diagnostician | <input type="checkbox"/> Secondary Teaching            |
| <input type="checkbox"/> Counselor Education                | <input type="checkbox"/> Exceptionality: Special Education        | <input type="checkbox"/> Teacher Leadership            |
| <input type="checkbox"/> Curriculum and Instruction         | <input type="checkbox"/> Educational Leadership                   | <input type="checkbox"/> Other (Specify) _____         |

**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 ACADEMIC ADVISOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE DEAN/ASSOC. DEAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date forwarded to Degree Auditor: \_\_\_\_\_

**REGISTRAR'S OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Signature of Degree Auditor: \_\_\_\_\_

**DEGREE REQUIREMENTS:**

No. Hours: \_\_\_\_\_

GPA: \_\_\_\_\_

Course Req: \_\_\_\_\_