UNIVERSITY OF DALLAS
BRANIFF GRADUATE SCHOOL OF LIBERAL ARTS
DEGREE APPLICATION

UD ID#_____

NAME (*to appear on diploma*) First **Middle** **Last**

☐ **Master of** ☐ **M.A.** ☐ **M.F.A** ☐ **Cert.** ☐ **Inst. Master of** ☐ **Ph.D.** ☐ **Are you a 4+1 Student?** (Check box if Yes)

_____
Program (*If Art, also include Area. If IPS, also include Concentration*)

_____
Dissertation, Exhibit, or Thesis Title

Graduation Term/Year: ☐ *August 20_____ (Summer) Year ☐ *December 20_____ (Fall) Year ☐ May 20_____ (Spring) Year

***(Ceremonies are not held in August & December, but those graduates are invited to participate in the May ceremony.)*

Mailing Address: _____
Street City State Zip

Telephone: _____ **Email:** _____

***Please choose one of the following*:**

☐ I will pick up my diploma from the Registrar's Office (Cardinal Farrell Hall, 1st floor)

☐ Please mail my diploma to the above address. Important note: Immediately contact the Registrar's Office with address changes *and* update address on Banner Web. (Additional remailing fees may be incurred due to incorrect address.)

☐ I would like to participate in the May graduation ceremony. Please send graduation information to the above address

Please read the following and sign below:

- $100.00 graduation fee will be added to your student account. (Cannot receive diploma with a balance due.)
- Please contact Registrar's Office (972-721-5221; registrar@udallas.edu) with questions regarding diploma.

_____
STUDENT (Signature) **(Printed Name)** **Date**

- **Student: Print transcript (from Banner Web) and attach to this form for your Graduate Director.**
- **Grad. Dir.: Enter information regarding status of pending or "in progress" degree requirements:**

_____
_____
_____
_____

_____
GRADUATE DIRECTOR (Signature) **(Printed Name)** **Date**

Joshua Parens
BRANIFF GRADUATE DEAN (Signature) (Printed Name) **Date**

Office use only: Graduation Fee Added to Account Registrar Processed