

UNIVERSITY OF HAWAI'I AT MANOA – GRADUATE APPLICATION FOR DEGREE

PRINT YOUR LEGAL NAME (AS IT WILL APPEAR ON YOUR DIPLOMA) NO TITLES.

Name _____ UH Number _____
Family/Last First Middle
Name Verified on Banner

PERMANENT ADDRESS AND PHONE NUMBER

Street:.....

City:..... State:..... Zip Code:..... Phone No:.....

DATE OF EXPECTED GRADUATION: [] FALL [] SPRING [] SUMMER YEAR: _____

Degree: _____ Program: _____ Specialization: _____
(M.Ed., M.S., Ph. D, etc) (Accounting, Botany, etc) (A-thesis) (B- nonthesis) (C-exams) (EECB, CMNS, MB)

Hometown: _____
(Los Angeles, California; Lihue, Kauai; Tokyo, Japan; Seoul, Korea, etc)

Previous degree earned:

Degree _____ Year Awarded _____ University _____
(B.A., B.S., B.ED., etc) (if foreign, indicate country)
Degree _____ Year Awarded _____ University _____
(M.A., M.S., M. Ed., etc) (if foreign, indicate country)
Degree _____ Year Awarded _____ University _____
(M.A., M.S., M. Ed., etc) (if foreign, indicate country)
Degree _____ Year Awarded _____ University _____
(M.A., M.S., M. Ed., etc) (if foreign, indicate country)

Student Signature: _____ **Date:** _____

- 1. This application must be completed by all students who are graduating no later than two weeks after instruction begins during the semester of graduation and no later than June 1st for the Summer Session. Submit form to Graduate Records, 2540 Maile Way, Spalding 352.
- 2. The fee for processing your graduation application is \$15.00 for each advanced degree and \$21.00 for microfilming and binding 1 copy of your thesis/dissertation (for Hamilton Library), both subject to change.
- 3. The payment may be submitted to the Manoa Cashier's Office, QLCSS 105 or online through MyUH Portal under "review my charges" one week after submitting this form to Graduate Records.
- 4. Any changes on this form should be reported immediately to the Graduate Division, Records Office, Spalding 352 or by calling 808-956-8500.
- 5. Diplomas will be available for pick-up ten weeks after graduation at Admissions and Records, QLCSS Room 001.

College SAS Use Only _____

MGD Use Only

Banner Term: _____ SHADEGR: _____ Fee (BODF) _____ Thesis (BODT) _____
SHADIPL: Name _____ Hometown _____ Mailing Address (PhD ONLY) _____
Inactivate/Update next SGASTDN: _____ User: _____
Account Clear: _____ Date Mailed: _____ User: _____

**REQUEST TO MAIL DIPLOMA
(COMPLETE THIS SECTION ONLY IF DIPLOMA IS TO BE MAILED)**

Foreign Air Mail requires special handling—See Admissions & Records Office, QLCSS 001 (808-956-8010)

PLEASE PRINT CLEARLY

NAME: _____ UH Number _____

MAILING ADDRESS: _____
(NUMBER & STREET) (CITY, STATE & ZIP CODE)