

H A R D I N G U N I V E R S I T Y

GRADUATE SCHOOL of RELIGION
Transforming Leaders

Request for Degree

Return to: Associate Dean, 1000 Cherry Road, Memphis, TN 38117 • Fax: (901) 761-1358 • smcleod@hugsr.edu

Name: _____ Date: _____

Ph: _____ email: _____

Degree: M.A. ___ M.A.C.M. ___ M.A.C. ___ M.Div. ___ D.Min. ___

Concentration (if any): _____

I expect to complete my work by (month, year): _____

Name as you wish it to appear on your diploma (Please print or type):

Spouse's Name (if any): _____

Do you plan to participate in commencement exercises? Yes_ No___

If yes, what are your cap and gown measurements?

Cap size (in inches): _____ Height: _____ft. _____in. Weight: _____

Type of work you are planning to do. If you have secured employment, please give the **Name,**

Address, and Phone Number of your employer: _____

Please note: If you decide to withdraw your request for degree, please notify the Associate Dean's office immediately. **Late withdrawals** may still be charged graduation fees.

FOR OFFICE USE ONLY

Initial Evaluation Date: _____

Jan. Evaluation: _____

Hours Completed: _____

Hours Completed thru fall: _____

Hours in Progress (Su or Fall): _____

Hours Needed in Spring: _____

Hrs remaining: _____

Spring Courses Needed

GPA: OK ___ Probation ___

Crse # Title Grade

Bible Exam: na ___ taken ___ not ___

Courses In Progress/Remaining

Sem. Crse # Title Grade

May Evaluation: _____

Final Grades In ___ Final GPA: ___

Bible Exam: na ___ taken ___ not ___

Degree complete: Yes ___ No ___
