

Petition to Graduate (for all M.A. in Education and Counseling Psychology)

Name: (Indicate your name exactly as you wish it to appear on your diploma) FIRST: _____ MIDDLE: _____ LAST: _____			Student ID: _____
Permanent Address: (Your diploma will be sent to this address) STREET: _____			Email: _____
CITY: _____	STATE: _____	ZIP: _____	Phone: _____

This petition for your M.A. degree must be completed, signed by your advisor, and submitted to the Graduate Services Office by the following dates:

January 22 – March graduation date
June 25 – September graduation date

March 12 – June graduation date
October 9 – December graduation date

DEGREE INFORMATION:		
<p>Program: (check one)</p> <input type="checkbox"/> Counseling (51 Unit) <input type="checkbox"/> Counseling Psychology (78 Unit) <input type="checkbox"/> Counseling Psychology w/ MFT (78 Unit) <p>Emphasis: (Check one if applicable)</p> <input type="checkbox"/> Career Development <input type="checkbox"/> Correctional Psychology <input type="checkbox"/> Health Psychology <input type="checkbox"/> Latino Counseling	<p>Program: (please check one program and emphasis when applicable)</p> <input type="checkbox"/> Interdisciplinary Education <input type="checkbox"/> Curriculum and Instruction <input type="checkbox"/> STEEM <input type="checkbox"/> Teaching and Learning <input type="checkbox"/> OTHER _____ <p><input type="checkbox"/> Educational Administration <input type="checkbox"/> Higher Education</p>	<p>Program: (check one)</p> <input type="checkbox"/> Special Education <input type="checkbox"/> Mild Moderate <input type="checkbox"/> Early Childhood
Quarter and year in which you will complete all your degree requirements: Quarter _____ Year _____		

If you require only two courses to complete your degree and you plan to complete those courses during the summer session, you may participate in the June Commencement Ceremony by filling out a Permission to Participate Form

I hereby petition to graduate with the above indicated degree. If I do not complete my program requirements by the slated graduation term, I understand I must re-petition for another graduation term.

Student Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____

Senior Records Officer: _____

Date: _____

For GSO
Sent Preliminary to Registrars _____
Sent Final to Registrars _____



For Office Use Only
Posted by _____
Date posted _____
Date picked up _____
Initials _____
Mailed _____