APPLICATION FOR GRADUATION
GRADUATE SCHOOL OF TECHNOLOGY

IF YOU EXPECT TO COMPLETE YOUR REQUIREMENTS BY: **FORM MUST BE FILLED OUT BY:**

(CHECK ONE) ❑ **JANUARY** OF 20_____   **NOVEMBER 15TH**

❑ **JUNE** OF 20_____   **MAY 1ST**

❑ **SEPTEMBER** OF 20_____   **JULY 15TH**

FOR STUDENTS WHO APPLIED FOR GRADUATION AND DO NOT MEET THEIR PROGRAM REQUIREMENTS BY THE EXPECTED GRADUATION DATE, WILL HAVE THEIR ACADEMIC RECORD AUTOMATICALLY REVIEWED FOR THE NEXT GRADUATION DATE.

YOUR DIPLOMA WILL BE PRINTED WITH THE NAME THAT APPEARS ON YOUR TOURO COLLEGE RECORD. IF YOU WISH A DIFFERENT NAME ON YOUR RECORD, INCLUDING YOUR MIDDLE NAME, YOU MUST FILL OUT A CHANGE OF NAME FORM AND SUBMIT IT TO THE REGISTRAR'S OFFICE. ANY CHANGES OF NAME FORM SUBMITTED AFTER DIPLOMA HAS BEEN PRINTED WILL REQUIRE AN ADDITIONAL FEE AND YOU WILL BE REQUIRED TO RETURN THE OLD DIPLOMA.

❑ CHECK HERE IF CHANGE OF NAME FORM IS ATTACHED

LAST NAME:_____   FIRST NAME:_____

MIDDLE NAME:_____   MAIDEN NAME:_____

STUDENT ID#_____   E-MAIL:_____

ADDRESS:_____   TELEPHONE (   ) _____

CITY:_____   STATE_____   ZIP:_____

IF YOU WISH TO UPDATE YOUR ADDRESS ON THE OFFICIAL SCHOOL RECORD GO TO YOUR TouroOne ACCOUNT

❑ CHECK HERE IF YOU WISH YOUR DIPLOMA TO BE MAILED TO YOUR ADDRESS AS LISTED ON THE OFFICIAL SCHOOL RECORD (Please note that diplomas will not be released to graduates who have Outstanding Financial Obligations with Touro College)

DEGREE / MAJOR / CONCENTRATION: (CHECK ONE)

- ❑ **M.S. in Information Systems: Database System**
- ❑ **M.S. in Information Systems: Data Communications**
- ❑ **M.S. in Information Systems: Technology Leadership**
- ❑ **M.S. in Information Systems: Web and Application Development**
- ❑ **M.S. in Instructional Technology: Teacher Certification**
- ❑ **M.S. in Instructional Technology: Non-Certification**
- ❑ **M.A. in Web and Multimedia Design**

THE PAYMENT OF THE GRADUATION FEE MUST BE MADE ONLINE
VIA YOUR TouroOne ACCOUNT USING "TouchNet"
PLEASE CHECK WITH YOUR ACADEMIC ADVISOR FOR CURRENT PROCESSING FEE

STUDENT'S SIGNATURE_____   DATE_____

ADVISOR'S SIGNATURE _____   DATE_____

FOR OFFICE USE ONLY: GRADUATION DATE: JANUARY / JUNE / SEPTEMBER   YEAR_____
PROCESSED BY_____   DATE _____