

**Diploma Name:** Please print your name exactly how you intend for it to be printed on your diploma. If the name you are requesting is different than your current legal name, you must present the legal documentation (e.g. court order or social security card) for copying to the Office of the Registrar authorizing the name change. If special text characters (e.g. é, ü, ñ) are included in your name, check here: SPECIAL CHARACTER

<i>Please clearly print.</i>	First Name	Middle	Last	Student ID #
------------------------------	------------	--------	------	--------------

**Hometown City/State:** What hometown city and state/country would you like to appear in the Commencement program? If this is different than your permanent address, please mark here: SPECIAL CITY/STATE

<i>Please clearly print.</i>	City	State	Country (if applicable)
------------------------------	------	-------	-------------------------

**Degree/Program:** Master of Arts in Higher Education and Student Development      Master of Arts in Religious Studies  
 Master of Business Administration      Master of Environmental Science

**Completion Date:** January      April      May      August      December      20

**Plan for Completion:** List all courses you plan to register for to complete your remaining degree requirements.

Course #	Title	Credit Hours	Course #	Title	Credit Hours
<b>Fall 20</b>			<b>Spring 20</b>		
<b>Winter/Interterm 20</b>			<b>Summer 20</b>		

**Transfer Credit:** Has transfer credit been approved to meet Taylor degree requirements? If yes, please list course(s) and school(s).

Course #	Title	Credit Hours	College/University:
			College/University:
			College/University:
			College/University:

**Course Substitution(s):** Have course substitutions been approved to meet Taylor degree requirements? If yes, please list course(s).

Course #	Title	Credit Hours	Course #	Title	Credit Hours

While Taylor University publishes program information and materials to assist me in planning my academic program, I am solely responsible for completing all Taylor degree requirements and for ensuring that my course selections fulfill all academic program requirements and comply with the policies and procedures of the University. I fully understand that although an evaluation of my academic record will be conducted by the Registrar's Office, that I will be notified of all outstanding requirements and/or deficiencies in my plan, and that the application for graduation requires the signatures of my academic advisor and graduate chair, I am solely responsible for ensuring that all Taylor degree requirements are met for graduation.

Student Signature \_\_\_\_\_ Date

Academic Advisor Signature \_\_\_\_\_ Date

Graduate Chair Signature \_\_\_\_\_ Date