BODF-G

UNIVERSITY OF HAWAI'I AT MĀNOA
GRADUATE APPLICATION FOR DEGREE

PLEASE PRINT CLEARLY

Name _____UH Number_____ - _____
Family/Last First Middle

Phone: _____ Email: _____@hawaii.edu

Name (first middle last) in upper/lower case as it will appear on your diploma. Titles are to be excluded. Limit to 45 characters.

Important: Acceptable names will be determined by your name on record with the University. Check MyUH to see current name on record.

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

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

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

Your name and hometown will be printed in the commencement program. Please initial ____ if you have requested non-disclosure and would like to have your name appear in the commencement program.

For summer applicants, indicate the commencement program in which you wish to have your name printed: SPRING FALL (circle one only)

Important (for Summer applicants only): If you have requested to have your name printed in the Spring Commencement Program and your application is received after the deadline for printing the Spring Commencement program, your name will appear in the Fall program.

Previous degree earned:

1st Degree _____ Year Awarded_____ University _____
(B.A., B.S., B.ED., etc.)

2nd Degree_____ Year Awarded_____ University _____
(M.A., M.S., M. Ed., etc.)

3nd Degree_____ Year Awarded_____ University _____
(M.A., M.S., M. Ed., Ph.D., etc.)

1. This application must be completed no later than three weeks after instruction begins during the semester of graduation and no later than June 1st for the Summer Session. Submit form to Graduate Student Services, 2540 Maile Way, Spalding 354, Honolulu, HI 96822 or fax to 808-956-4261.
2. The fee for processing your graduation application is $30.00 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. Cash or check payment may be submitted to the Manoa Cashier's Office, QLCSS 105 or by credit card online through MyUH Portal under "review my charges" one week after submitting this form to Graduate Student Services. Do not submit payment with this form.
4. Any changes on this form should be reported immediately to the Graduate Student Services by emailing graduate.education@hawaii.edu.
5. Diplomas will be available for pick-up ten weeks after graduation at the Registrar's Office, QLCSS Room 010.

Student Signature: _____ Date:_____

REQUEST TO MAIL DIPLOMA
(COMPLETE THIS SECTION ONLY IF DIPLOMA IS TO BE MAILED)
Contact the Registrar's Office, QLCSS 010 (808-956-8010)to update mailing address for diploma.

PLEASE PRINT CLEARLY

NAME: _____

MAILING ADDRESS: _____

_____

_____

_____

Important: Address information provided will be used solely for the purpose of mailing your diploma. You may update your mailing address online on MyUH. You may also submit a written request to the Registrar's Office to update your mailing and/or permanent address.

College SAS Use Only ____ ___ ____ ___ ___

MGD Use Only

Banner Term: _____ SHADEGR: _____ Fee (BODF) _____ Thesis (BODT)_____

SHADIPL: Name _____ Hometown _____ Mailing Address_____

Inactivate/Update next SGASTDN: _____ User: _____