GEORGE MASON UNIVERSITY

LATE GRADUATION APPLICATION

Required after the online application is no longer available.

This form <u>cannot</u> be used if the 6 week graduation grace period has elapsed.
A Retroactive Graduation Application form will be required.

LATE GRADUATION APPLICATION PROCESS

- Provide a diploma address (designated by the address type *Diploma Address*) in Patriot Web.   Please go to the Update Diploma Mailing Address page for detailed instructions.
- Since the online graduation application deadline was missed, the degree may be awarded later than others, receipt of the diploma may be delayed and the student's name may not appear in the Commencement/graduation brochure.
- **Special instruction for doctoral students: Late doctoral applicants must attach an approved Program of Study.**
- Complete Exit Survey
  - Students with an active graduation application will receive an email in their Masonlive account with a unique link to Mason's graduating student exit survey. More information is available through the Office of Institutional Assessment.

Graduation Term Requested: _____/_____
                                                       Semester   Year

Name: _____   G# _____
               Last   First

Day Phone: _____   Mason Email: _____

Name as it should appear on your diploma: _____

Degree Program:
          Degree (BS, BA, MS, MED, Phd etc.): _____   Major/Program: _____

Secondary Components:
          2nd Major: _____   Concentration:_____

          Minor: _____   2nd Minor: _____

          Certificate: _____

_____   Date: _____
Student Signature (**Required**)

          Department Approval: ☐   All requirements are met pending successful completion of in-progress work,

                                                          verified by review of the degree audit.

_____   _____
Advisor Name and Signature   Date

_____   _____
Chair Name and Signature   Date

_____   _____
Minor Department Signature (*if applicable)*   Date

After approval signatures have been obtained, return this form to the Office of the University Registrar, degree@gmu.edu .

Degree Audit Review Area	
4 6	3 GP
_____	Date: _____ Initials: _____
_____	
Resolved Date: _____ Initials: _____	

02/24