



APPLICATION FOR GRADUATION

To: All Candidates for Graduation:

Candidates for graduation in ALL programs must read, sign and return the following NYTS Graduation Requirements statement to the Office of the Registrar. In addition, candidates in Master's Degree programs (MA/MDiv) must also contact their Advisor and make an appointment to undergo a degree audit.

Students who have "Incomplete" grades on their transcript will NOT be allowed to apply for graduation until those "Incomplete" grades are cleared; no later than January 15th of the year they intend to graduate.

Submit this form to the Registrar's Office (Registrar@nyts.edu) no later than Jan. 15th of the year they intend to graduate. All students must pay the required graduation fee no later than Jan. 15th of the year they intend to graduate. Failure to return this form to the Registrar's Office by Jan. 15th of the year they intend to graduate may result in exclusion from graduation. The graduation fee of \$235 for Certificate Program and \$250 for Master of Arts must be paid before any graduation material is ordered. Please contact the business office at coevansnyts.edu to make payment arrangements.

NYTS GRADUATION REQUIREMENTS:

"All academic requirements must be completed, and all financial obligations must be met prior to a candidate's participation in the graduation exercises. Candidates who do not fulfill these requirements by April 15 may not have their names published in the graduation bulletin. Those who fail to meet such requirements by April 30 may not be allowed to participate in the Commencement exercises.

Upon fulfillment of these requirements, such candidates may be granted their degree at a regularly scheduled meeting of the Board of Trustees during the following fall or winter, with a letter stating such action sent to the candidate for verification. The candidate will then be invited to march in the commencement exercises the following May."

DECLARATION OF INTENTION TO GRADUATE

CERTIFICATE & MASTER CANDIDATES ONLY: Please fill out the statement below and sign.

I, \_\_\_\_\_ do hereby declare my intention to graduate in May of 20 \_\_\_\_
Candidate, PRINT full name Year

From the \_\_\_\_\_ program and will abide by the rules concerning candidacy for graduation.
Name of Degree/Certificate

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

ALL PROGRAMS: Please PRINT your name as you would like it to appear on the diploma and on the graduation program (NO TITLES).

FIRST: \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST: \_\_\_\_\_

ALL PROGRAMS: Please provide your measurements: Height (in feet & inches) Chest (in inches) and Weight (in pounds) to order your graduation robe. The robe normally reaches to mid-calf. If you would like it to be longer please add 1 or 2 inches to your height.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Chest: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

MASTERS and DOCTORAL Program Candidates ONLY: Please provide the following information (school attended & Name of Degree):

NAME OF SCHOOL ATTENDED:

NAME OF DEGREE:

Bachelor's Degree: \_\_\_\_\_

Degree Earned (BA/BS etc.) \_\_\_\_\_

Master's Degree: \_\_\_\_\_

Degree Earned (MA etc.) \_\_\_\_\_

Doctoral degree: \_\_\_\_\_

Degree Earned (Ph.D. etc.) \_\_\_\_\_

DOCTORAL PROGRAM ONLY: Please PRINT the full name of no more than SIX (6) of your Site Team Members for Certificates of Appreciation:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_
4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

DOCTORAL PROGRAM ONLY: Please PRINT the TITLE of your Doctoral Dissertation:

\_\_\_\_\_

Registrar: \_\_\_\_\_ Date Received: \_\_\_\_\_