

JOHN CARROLL UNIVERSITY

University Heights, OH 44118 ◆ (216) 397-1917

BOLER SCHOOL of BUSINESS GRADUATE BUSINESS PROGRAMS FORMAL APPLICATION FOR DEGREE

BANNER NUMBER	DATE							
	DATE OF PROPOSED GRADUATION							
To the Dean of the Boler School of Busines	s:							
I hereby make application for the degree of								
MASTER OF BUSINESS ADMINISTR	MASTER OF SCIENCE							
MY PROGRAM IS	CONCENTRATION							
The following information will be printed in the commencement program. Please be accurate.								
MY NAME SHOULD APPEAR ON MY DIPLOMA AS FOLLOWS: (Please print or type)								
FIRST NAME MIDDLE NA	ME LAST NAME							
PRONUNCIATION OF NAME:								
HOME MAILING ADDRESS:								
EMAIL ADDRESS AFTER GRADUATION (Will not be used for solicitation purposes):								
PHONE NUMBER WHERE I CAN BE REACHED BETWEEN 8:30 A.M. AND 5 P.M.:								

YOU WILL BE BILLED A \$150 EVALUATION AND GRADUATION FEE If applying after deadline you will be charged an additional \$25

O/Forms/Graduation/Graduation Application.doc

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MASTER'S DEGREE CANDIDATE DECLARATION OF INTENT

The University conducts formal commencement exercises each year in May. Summer and winter graduates are invited to participate in the May commencement exercises. Attendance at these exercises is optional: those attending wear cap and gown. The information on this form is used in ordering diplomas, in making plans for these ceremonies, and in sending notices concerning them. Please complete the form below very carefully and return to the Boler School of Business office (SB 117) along with your formal application for degree.

My name should appear ON MY DIPLOMA as follows (Please TYPE or PRINT):

	First name		Middle	пате		Last name		
Home a	ddress:							
	Street		City	State	Zip	Phone		
I n	Spring	Summer	Winter	of	(Year),	I shall receive the degree o		
Master	of							
n the	Program from the Office of Graduate Business Programs Boler School of Business							
	I plan to participate in the May commencement exercises; please order a cap, gown							
	and hood for me. (You MUST complete the attached order form.)							
	I do not plan to participate. Please mail my diploma to the above address.							
	I do not plan to participate and wish to pick up my diploma at the University.							
degrees 1. Do	from this Universi you consider yo	ty. Please supply the ourself Hispanic/I	following inform Latino?	ation for reporti YES/NO	ng purposes	ic backgrounds of the recipients only. (CHECK ONE) describe yourself:		
	White	(Including Middle Ea	astern)	Asian (Inc Philippines	luding Subco	ontinent and		
		or African American ling Africa and Carib	bean)		Indian or Ala all Original l	askan Native Peoples of the		
		Hawaiian or other P er (Original Peoples)	acific	Non-Resid	ent Alien			

CAP AND GOWN ORDER FORM

NAME:								
First name	Mic	ddle name	Last name					
MAJOR/PROGRAM:								
PHONE (Home):								
(Local):								
EMAIL:								
DATE OF GRADUATION:								
HEIGHT:	ft	in.	WEIGHT:	lbs.				
CAP AND GOWN (check one	e):							
Bachelors Cap, Gown, Tassel Masters Cap, Gown, Tassel Masters Degree (check one): Master of Science Master of Business Administration								
Please submit the following con North Park Blvd, University He it as an attached document to: az	ights, OH 44	118-4520. You ca		•				
☐ Formal Application for Degree								
☐ Declaration of Intent								
☐ Cap and Gown Order Form								