



AQUINAS COLLEGE

SCHOOL of EDUCATION

APPLICATION FOR DEGREE Master in the Art of Teaching Master in Education

When you are within two semesters of program completion, return this completed form to the School of Education main office, Aquinas College, 1700 Fulton St E, Grand Rapids, MI 49506-1801. A registrar approved copy will be mailed to you along with information regarding graduation.

Name _____ AQ ID# _____
(Please print your name as you wish it to appear on your diploma) (Student ID)

Maiden Name _____ Preferred Phone# _____

Mailing address _____

City _____ State _____ Zip _____

Date you expect to receive your degree _____
(Month) (Year)

Once you have completed the above, save and email to schoolofed@aquinas.edu

SOE Office Use Only

Aquinas credits completed _____ Courses waived _____

Transfer Credits _____ Remaining requirements _____

Total _____

Certification Officer (Date) Dean of School of Education (Date)

APPROVED FOR GRADUATION

Cumulative GPA in Master's Program _____
This is to verify that this application has been approved through the Registrar's Office and the candidate will have completed the requirements for a Master's degree on _____.

Registrar (Date)