California Lutheran University

CLU Registrar's Office:
Commencement fee paid_____

Application for Graduate Degree

Student should complete this application and return it to the Registrar's Office, with commencement fee, by the published priority deadline.

(Print name exactly as you wish it to appear on the diploma)

Name: _____
First Middle Last

Check the term you expect to complete all degree requirements.
☐ *Spring (May) 20_____* ☐ *Summer (Aug) 20_____* ☐ *Fall (Dec) 20_____* ☐ *Winter (Feb) 20_____*

I will be participating in Commencement in May: YES ☐ NO ☐

Address where you wish your diploma to be sent:

_____ _____
Name Telephone Number

_____ _____
Street CLU Email Address

_____ _____
City State Zip Code **CLU ID#**

Student Signature: _____

I am a candidate for (check appropriate degree):

☐ **Master of Arts** (with emphasis in:)
- ☐ Educational Leadership
  - ☐ Leadership in Educational Technology
  - ☐ Leadership in Reading
  - ☐ School Site Leadership
  - ☐ Teacher Leadership

☐ **Master of Science** (with emphasis in:)
- ☐ Clinical Psychology
- ☐ Computer Science
- ☐ Counseling and Guidance (with specialization in):
  - ☐ College Student Personnel
  - ☐ Pupil Personnel Services
- ☐ Counseling Psychology
- ☐ Deaf & Hard of Hearing
- ☐ Economics
- ☐ Information Systems Technology
- ☐ Special Education

☐ **Master of Education**

☐ **Master of Business Administration** (emphasis:)
- ☐ Econometrics
- ☐ Entrepreneurship
- ☐ Financial Planning
- ☐ Finance
- ☐ General
- ☐ Information Technology Management
- ☐ International Business
- ☐ Macroeconomics
- ☐ Management and Organizational Behavior
- ☐ Marketing
- ☐ Nonprofit and Social Enterprise

☐ **Master of Public Policy and Administration**

☐ **Doctorate in Clinical Psychology**

☐ **Doctorate in Educational Leadership**
- ☐ Higher Education
- ☐ K-12

CLU Registrar's Office Use Only:
Recorded in SGRD:_____
Degree Posted:_____
Transcript Sent:_____
Notes:_____