## Master of Arts in English Graduation Application

STUDENT NAME						
	Last	First	Middle			
ADDRESS:	City	State	Zip Code			
	City	Sidle				
STUDENT ID#:						
TELEPHONE:						
E-MAIL:						
Expected Graduation Date (Commencement occurs only in May):						
Decembe	r May	August	Year			
Indicate How You Want Your Name to Appear on the Diploma:						

## I have Fulfilled the MA in English Degree Requirements as Follows:

Requirements	Course Taken	Semester/Year	Grade
Literary Scholarship ENG L501/553			
Literary Theory ENG L6xx			
Creative Writing ENG W511/513/615 CMLT C694			
Public Writing ENG W616/L502/W600			
Elective #1			
Elective #2			
Elective #3			
Elective #4			
Thesis ENG W609/699			

Student Signature:	Date:
For Official Use: DGS Approval (Sign and Date):	
Recorded in SIS (Department Secretary Sign and Date):	