



OFFICE OF ACADEMIC AFFAIRS

PETITION TO GRADUATE – Graduate Programs SPLE & PONTIFICAL

INSTRUCTIONS: This form is to be completed by all students who wish to complete their program in Fall, Spring, or Summer. **Students must submit this form by the first day of the semester in which they intend to graduate.**

Last Name

First Name

MI

Student ID #:

USML Email:

Preferred name on Diploma:

Proposed completion term of all program requirements Fall ☐ Spring ☐ Summer ☐

Proposed completion year - **20**_____

PROGRAM INFORMATION:

Program _____ Degree Sought: _____

Concentration (if applicable) _____

Does your program require a thesis or dissertation? Yes ☐ No ☐

If yes, please list the title: _____

Please list the proposed date for completion of the thesis or dissertation: _____

List the proposed date for your Comprehensive Examination or dissertation defense: _____

Will you be present at the commencement ceremony? Yes ☐ No ☐

Note: \$100 Commencement/Graduation Fee is applied to the Invoice of all graduating students.

Signature: _____ Date: _____

**Submit the completed form to: SPLE - the Dean of SPLE – rgeorgetvrtkovic@usml.edu
Pontifical – Registrar – conuoha@usml.edu**

FOR OFFICE USE

President/Dean's Signature: _____ Date: _____

Registrar Signature: _____ Date: _____