

Framingham State University  
Office of Graduate Studies, Dwight Hall Room 202  
100 State Street, Framingham MA 01701-9101

**For Office Use Only**

FSU ID: \_\_\_\_\_ Date of Admit: \_\_\_\_\_

Record Payment Information:

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Transit # \_\_\_\_\_ Date of Check \_\_\_\_\_

**Master's Degree  
Graduation\*\* and Comprehensive Examination\* APPLICATION**

I am in a program **requiring** a comprehensive examination\*. A check for \$225.00 is enclosed. (Deadline for August 2018 graduation is April 15<sup>th</sup>; deadline for December 2018 graduation is August 15<sup>th</sup>; deadline for January 2019 graduation is October 15<sup>th</sup>; and deadline for May 2019 graduation is January 15<sup>th</sup>)

I am in a program that **does not require** the examination. A check for \$100.00 is enclosed for Graduation.\*\*

**PLEASE PRINT YOUR LEGAL NAME EXACTLY AS IT SHOULD APPEAR ON YOUR DIPLOMA**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City/Town Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Area Code/Number Area Code/Number

Student ID \_\_\_\_\_ or Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Degree Program \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Courses/Requirements Remaining \_\_\_\_\_

**Section I: For those students whose program requires a comprehensive examination.**

The following panel information applies to all students who must complete the comprehensive examination in order to graduate. Curriculum and Instructional Technology Masters students will take their online exam on the first Saturday of April (for Spring); August (for Summer); and December (for Fall), panel members are not required for this program.

- I plan to seek an additional teacher license in \_\_\_\_\_ as a result of this degree.
- I will be taking the comprehensive examination as arranged by my advisor.
- I will be taking an oral or written examination as I have arranged it.

Exam Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Panel Member Chairing Exam \_\_\_\_\_ Initials \_\_\_\_\_

Second Panel Member \_\_\_\_\_ Initials \_\_\_\_\_

Third Panel Member \_\_\_\_\_ Initials \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved to take Comprehensive Exam:**

Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT INFORMATION REGARDING THE COMPREHENSIVE EXAMINATION**

A three-member panel is required except in repeat examinations where a panel of five, including the dean of graduate studies, is required. In the case of the M.Ed., one panel member must represent the Education Department while the other two must represent the discipline.

**Section II: For those students whose program does not require a comprehensive examination.**

**Approved to Graduate upon successful completion of:** \_\_\_\_\_

Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

# Commencement Attendance Response Form

May 2018

Attendance at commencement is subject to the final completion of your program.

**NOTE:** Please submit this form along with the Comprehensive Examination and Graduation Application form and payment of \$100 (if no Examination is required) or \$225 (if you are taking the Comprehensive Examination as required by your program). Thank you.

Name: \_\_\_\_\_

Phonetic Pronunciation: \_\_\_\_\_

Degree: Master of  Arts  Education  Science Concentration: \_\_\_\_\_

Degree: Master of Business Administration  Concentration: \_\_\_\_\_

Degree: Master of Healthcare Administration

Degree: Master of Public Administration

Degree: Master of Human Resources

Degree: Professional Science Master's Degree

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**For students who complete their program and plan to graduate in August, December or January only:**

I **will attend** commencement exercises on May 26, 2019. However, please send me my diploma as indicated (select A or B). I understand that on the day of Commencement I will receive an empty envelope as I will have already received my diploma. (Information will be sent regarding commencement once it is available)

\_\_\_ **A.** Please **mail** the diploma to me at the above address.

\_\_\_ **B.** I will **pick up** my diploma in the Student Services Center located on the fifth floor of the D. Justin McCarthy Center. (Diplomas will be held for two (2) weeks. You will be able to pick up your diploma after graduation only. If you do not pick up your diploma, it will be mailed to the address you supply above.)

I **will not attend** commencement exercises on May 26, 2019. Please mail my diploma to me at the above address.

I **will not attend commencement** exercises on May 26, 2019. I will pick up my diploma in the Student Services Center located on the fifth floor of the D. Justin McCarthy Center. (Diplomas will be held for two (2) weeks. You will be able to pick up your diploma after graduation only. If you do not pick up your diploma, it will be mailed to the address you supply above.)

**\*\* Or \*\***

**For students who complete their program and plan to graduate in May only:**

I **will attend commencement** exercises on May 26, 2019. (Information will be sent regarding commencement once it is available.)

I will **not attend** commencement exercises on May 26, 2019. Please **mail** my diploma to me at the above address.

I will **not attend** commencement exercises on May 26, 2019. I will **pick up** my diploma in the Student Services Center. (Diplomas will be held for two (2) weeks. You will be able to pick up your diploma after graduation only. If you do not pick up your diploma, it will be mailed to the address you supply above.)

**Please return form to:**  
Framingham State University  
Office of Graduate Studies, Dwight Hall Room 202  
100 State Street, P.O. Box 9101, Framingham, MA 01701-9101  
Fax: 508-626-4030