

The Graduate School and University Center
of the City University of New York
33 West 42 Street, New York, N.Y. 10036

Office of the Registrar

Application for En-Route Masters Degree September February June 198__

I. Certification (to be completed by the Executive Officer)

(Doctoral Program)

1. Student's Name

(Last)

(First)

(Middle)

2. Address

(Number)

(Street)

(I.D. No.)

(City)

(State)

(Zip)

3. Telephone Number

(Area Code)

4. Title of Paper/Project Submitted lieu of Thesis:

Approved By:

5. Please indicate the name of the CUNY college from which the degree is requested (e.g., City, Hunter, Lehman, etc.):

6. Remarks:

7.

Date

Signature of Executive Officer

II. Verification (to be completed by the Registrar of GSUC):

1. Total number of credits completed

(minimum 45)

2. Grade point average

(minimum 3.0)

3. Date First Doctoral Examination passed:

4a. Student is registered for the current semester:

Yes No

b. Student's financial account is cleared:

Yes No

5. Paper/Project is attached Yes No

(If No, it is on file at)

6a. I hereby recommend the above named student for the en-route masters degree.

b. The above named student is ineligible.

7. Remarks

8.

Date

Signature of the Senior Registrar

III. Disposition (to be completed at the CUNY College granting the degree):

1. Degree Granted

Degree Not Granted

2. If degree granted: a. Degree Awarded: (e.g., MA, MS, etc.):

b. Effective date of the degree (e.g., September 1, 1981):

3. Remarks:

4.

Date

Signature and Title

Copy 1 - College Granting the Degree

Copy 2 - Registrar - GSUC

Copy 3 - Registrar - GSUC

Copy 4 - Discipline