



GRADUATE PROGRAMS
APPLICATION FOR GRADUATION

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Date admitted to the program: \_\_\_\_\_

Degree you expect to complete: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Have you completed and submitted an Application to Candidacy? [ ] Yes [ ] No

Preliminary Review \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Final Review \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Do you anticipate that all your coursework be completed by that time? [ ] Yes [ ] No
(If you are unable to complete it by this deadline, you must contact the Office of Graduate Studies & Research by the date announced.)

Please supply the following information:

- 1. Name as it is to appear on your diploma and in the commencement program: \_\_\_\_\_
(Please print/type)
2. Hometown or Residency (city, state, country): \_\_\_\_\_
(As you want it to be listed in Commencement Program)
3. Undergraduate Degree (e.g., BA, BS, BE) and College/University: \_\_\_\_\_
4. Previous Master's Degree (e.g., MA, MS, MBA) and College/University: \_\_\_\_\_
5. Previous Doctorate Degree (e.g., D.Sc., Ph.D., Ed.D.) and College/University \_\_\_\_\_
6. Address diploma should be mailed to: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies and Research Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Send this completed form to the Office of Graduate Studies and Research at the beginning of the semester in which you plan on graduating.

Send Original to:
Dakota State University
Office of Graduate Studies and Research
820 N Washington Ave
Madison, SD 57042



GRADUATE PROGRAMS
APPLICATION TO CANDIDACY

PART 1. General Information

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Current Address \_\_\_\_\_
Street City State ZIP

Degree/Program \_\_\_\_\_ Specialization(s) (if any) \_\_\_\_\_

Advisor \_\_\_\_\_

Semester Admitted to Program \_\_\_\_\_ Date degree expected \_\_\_\_\_

PART 2: Coursework

Attach a printout of your coursework from Web Advisor.

PART 3: Assessment Activities and Other General Requirements:

Please complete the information for the assessment activity required of your specific degree program.

MSET Program
PORTFOLIO REVIEW

Projected semester for portfolio presentation \_\_\_\_\_

Did you select the thesis option [ ] Yes [ ] No

If yes, what was the title of your thesis? \_\_\_\_\_

MSIS Program

(Option A) Project Title \_\_\_\_\_ Projected Semester of Completion \_\_\_\_\_

(Option B) Additional three credit course: \_\_\_\_\_

Semester registered for Planning: \_\_\_\_\_

Semester registered for Implementation: \_\_\_\_\_

Semesters used for Continuation (if any): \_\_\_\_\_

Projected semester of Comprehensive Exam: \_\_\_\_\_

**MSHI Program**

Project Title \_\_\_\_\_ Projected Semester of Completion \_\_\_\_\_

Semester registered for Planning: \_\_\_\_\_

Semester registered for Implementation: \_\_\_\_\_

Semesters used for Continuation (if any): \_\_\_\_\_

Projected semester of Comprehensive Exam: \_\_\_\_\_

**MSIA Program**

Projected semester of Comprehensive Exam \_\_\_\_\_

**D.Sc. in Information Systems Program**

Preliminary Examination Date: \_\_\_\_\_

Portfolio Date: \_\_\_\_\_

Dissertation Date: \_\_\_\_\_

**PART 4: Signatures and Approvals**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Name \_\_\_\_\_

Certified by Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Dean of Graduate Studies and Research \_\_\_\_\_ Date \_\_\_\_\_

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Send this completed form to the Office of Graduate Studies and Research at least one semester before the anticipated semester of graduation.

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Office of Graduate Studies and Research  
820 N Washington Ave  
Madison, SD 57042