



GRADUATE PROGRAMS
APPLICATION FOR GRADUATION

Name: _____ 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 (Completed by Graduate Office) _____ 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 Graduate Programs Office 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)

2. Hometown or Residency: _____
(As you want it to be listed in Commencement Program)

3. Undergraduate Degree (e.g., BA, BS, BE) and College/University: _____

4. Master's Degree (e.g., MA, MS, MBA) and College/University: _____

5. Address diploma should be mailed to: _____

Signed: _____ Date: _____

Dean of Graduate Studies and Research Signature: _____ Date: _____

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



APPLICATION TO CANDIDACY

PART 1. General Information

Name _____ ID# _____ SSN# _____

Local/Current Address

Street	City	State	ZIP
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Degree/Program _____ Specialization (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: _____

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 _____

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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Madison, SD 57042