Form GS8 Application for Graduate Degree

Graduation Date:	August	May	December	Academic School Year: _	
Student Name:					Student ID#:
Candidate for degree of:					Major:
Check One: Dis	sertation	Thesis	Non-Thesis	Number of Semest	ers Enrolled Toward This Degree:
	-	_	ely. To make ch	_	duation instructions and diplomas Student Online Services to make
Current LOCAL Addı	ess:				E-mail:
Phone:		_		ment Program Purposes, nometown:	
Title of Thesis/Disser	tation:				
Director of Thesis/Di	ssertation: _				
	t				Date
			Depart	mental Approval	
which application ha	s been made	. Students	who fail to meet th		ompleted all requirements for the degree for ust reapply for a future graduation term.
The student is curre	ently enrolle	d in:			
	ent Chair/Grae	duate Coord	dinator		Date
NOTE: Along with th all materials to the G			•		ot to their department chair. Please submit
Office Use Only:					
GPA:	Regist	tered: YES	S/NO	Hours Enrolled:	

Please submit signed, completed and scanned document to gschoolforms@olemiss.edu