



**COLLEGE OF LIBERAL
ARTS AND SCIENCES**

INDIANA UNIVERSITY
SOUTH BEND

**Master of Science in Applied Mathematics and Computer Science (AMCS)
Application for Graduation**

Student Information

Name: _____ **Student ID #:** _____

Address: _____

Phone: _____ **IU Email:** _____

Degree Information

Area of Focus: Applied Mathematics Computer Science Data Science
 Mixed Focus Cyber Security

Please select and complete the required information for ONE of the following degree completion options:

Thesis

Title: _____

Date of Defense: _____

Project

Title: _____

Coursework

Expected Date of Graduation: December May August _____

Signature _____ **Date** _____

Commencement exercises occur only in May. Attendance is optional.

*This application must be on file in the Department office (NS-301B) no later than **March 1** for **December** graduation and **October 1** for **May & August** graduation.*

Exception may be granted by submitting a written request to the Graduate Director.



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This section is for departmental use only.

Director's Notes:

Graduation Decision: Approve Deny

Director's Signature: _____ **Date:** _____

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