## Master of Arts in English Graduation Application

STUDENT NAME:			
Last	First		Middle
ADDRESS:			
City	State	<del></del>	Zip Code
CTUDENT ID#			
STUDENT ID#:			
TELEPHONE:			
E-MAIL:			
Expected Graduation Date (Con	nmencement occurs	only in May):	
December N	MayA	lugust	Year
I have Fulfilled the MA in Englis	sh Degree Require	ments as Follo	
Requirements	Course Taken	Semester/Yea	ar Grade
Literary Scholarship ENG L501/553			
Literary Theory ENG L6xx			
Creative Writing ENG W511/513/615 CMLT C694			
Public Writing ENG W616/L502/W60	00		
Elective #1			
Elective #2			
Elective #3			
Elective #4			
Thesis ENG W609/699			
Student Signature: Date:			
For Official Use: DGS Approval (Sign a	and Date):		
Recorded in SIS (Department Secretary	Sign and Date):	_	