

INDIANA UNIVERSITY SOUTH BEND
COLLEGE OF LIBERAL ARTS & SCIENCES

**APPLICATION
FOR A MASTER OF ARTS IN ENGLISH DEGREE**

NAME _____
 Last First Middle

ADDRESS _____

 City State Zip Code

STUDENT ID # _____

TELEPHONE _____

E-MAIL _____

EXPECTED GRADUATION DATE:

_____ December _____ May _____ August Year _____

Commencement exercises occur only in May. Attendance is optional.

Indicate how you want your name to appear on the diploma:

Date _____