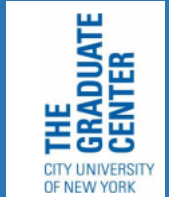


Office of the Registrar

365 Fifth Avenue Rm 7201 New York, NY 10016-4309 / p: 212.817.7500 f: 212.817.1627 / registrar@gc.cuny.edu / www.gc.cuny.edu



EN-ROUTE MASTER OF ARTS DEGREE APPLICATION

Submitting this form is not a guarantee of degree. Students must be enrolled and have met their financial obligations to the university. Requirements vary by program and application should be initiated by the Executive Officer of the program.

DEGREE AWARD PERIOD

September February May/June Year: _____

CERTIFICATION (to be completed by the Executive Officer)

Click above to choose your program and degree from the drop-down menus.

_____			_____
			Semester/Year
_____			_____
Name: Last	First	MI	EMPLID (CUNYfirst ID)
_____			_____
Degree Type			Expected Date of Degree
_____			_____
Current Street Address			Phone #
_____			_____
_____	_____	_____	_____
City	State	Zip	Email

Title of paper/project submitted in lieu of thesis: _____

Approved by: _____

Name of CUNY college from which degree is requested: _____

Remarks: _____

E.O. Signature of Approval _____
Date

OFFICE USE ONLY

Total number of credits completed: _____ Grade point average: _____
(minimum 45) (minimum 3.0)

Date first doctoral examination passed _____

Student is registered for the current semester: Yes No

Student's financial account is cleared: Yes No

Paper/Project is attached: Yes No

I hereby recommend the above named student for the en-route master's degree

The above named student is ineligible

Remarks: _____

Signature of the Senior Registrar

Date

COLLEGE AWARDING DEGREE

Degree granted

Degree not granted

If degree granted; a. Degree Awarded (e.g. M.A., M.S.): _____

b. Effective date of the degree: _____

Remarks: _____

Signature and Title

Date