

Print your LEGAL name below. This is the way your name will be printed ON YOUR DIPLOMA.

 First Name Middle Name Maiden Name (optional) Last Name

 Permanent Address Phone Social Security #

Degree: Master of Education: Educational Leadership Secondary Teaching Reading
 Master of Arts: Teaching
 Master of Science: Clinical Psychology Counseling Psychology School Counseling
 Master of Organizational Leadership

Total number of completed transfer and Evangel credits prior to current semester: _____

Total number of Evangel credits with grade of "Incomplete" to be finished: _____

Total number of credits in progress at Evangel this semester: _____

Internship hours completed: _____ as of ____/____/_____

Signature of Internship instructor: _____

Thesis/Project status 25% 50% 75%

Total number of credits to be completed after current semester: _____

Final total of credits for degree completion: _____

GRE cumulative test scores: _____ Date Candidacy Granted (mo/yr): _____

Date of Comprehensive Exam: _____ Pass? YES NO

Date Thesis/Project completed: _____ Date of Oral Defense: _____

Anticipated conferral date: _____ Commencement participation date: _____

List below all courses in your program (see degree requirement worksheet).

Prefix/ Number	Course Title	Credit Hours/ Grade	Semester	Prefix/ Number	Course Title	Credit Hours/ Grade	Semester

I certify that the above answers are true to the best of my knowledge and if I make changes to this application, I must have written approval from my advisor.

Student Signature _____ **Date** _____

As ADVISOR I certify that the answers to the above questions are correct, and after the successful completion of the above listed courses, this student will have met the requirements set by Evangel University.

Advisor Signature _____ **Date** _____