

The Johns Hopkins University - Whiting School of Engineering  
Engineering and Applied Science Programs for Professionals

Application For Graduation

All information should be typed or clearly printed using a black pen. Return this form to Johns Hopkins University, Dorsey Student Services Center, 6810 Deerpath Road, Suite 100, Elkridge, MD 21075-6291, or fax to 410-579-8049.

Failure to return this form by the deadlines below may result in your application not being approved for the current academic year. Incomplete forms will delay processing of your application. If you have any questions regarding completion of this form or degree requirements, please call 410-516-2300 or email [epp@jhu.edu](mailto:epp@jhu.edu).

Today's Date: \_\_\_\_\_ SSN: \_\_\_\_\_

1. PRINT OR TYPE NAME EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA

Select  
MR./MS. FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
PHONETIC SPELLING

2. ANTICIPATED DATE OF COMPLETION OF DEGREE REQUIREMENTS

- SUMMER TERM 20\_\_\_\_\_  
(Deadline date: June 15)
- FALL SEMESTER 20\_\_\_\_\_  
(Deadline date: September 15)
- SPRING SEMESTER 20\_\_\_\_\_  
(Deadline date: January 15)

If you do not meet degree requirements for the term selected above, you must reapply for graduation by submitting another Application for Graduation. The Student Accounts Office will send an E-Bill notification to your preferred email account for the \$100 graduation fee. A notation of degree completion will be placed on your transcript approximately 2 months after the end of the term.

3. CHECK THE DEGREE YOU EXPECT TO RECEIVE

- |  |  |
|--|--|
| <input type="checkbox"/> Master of Science (Applied Biomedical Engineering) (450)  | <input type="checkbox"/> Master of Science (Information Systems Engineering) (450)   |
| <input type="checkbox"/> Master of Science (Applied and Computational Mathematics) (450)   | <input type="checkbox"/> Master of Science (Information Systems and Technology) (450)  |
| <input type="checkbox"/> Master of Science (Applied Physics) (450)<br><input type="checkbox"/> Photonics Option (450)<br><input type="checkbox"/> Materials and Condensed Matter 450)                    | <input type="checkbox"/> Master of Materials Science and Engineering (453)<br><input type="checkbox"/> Nanotechnology Option (453) |
| <input type="checkbox"/> Master of Chemical Engineering (452)  | <input type="checkbox"/> Master of Mechanical Engineering (454)  |
| <input type="checkbox"/> Master of Civil Engineering (451)   | <input type="checkbox"/> Master of Science (Systems Engineering) (450)   |
| <input type="checkbox"/> Master of Science (Computer Science) (450)<br><input type="checkbox"/> Telecommunication & Networking Option (450)  | <input type="checkbox"/> Master of Science (Technical Management) (450)  |
| <input type="checkbox"/> Master of Science (Electrical & Computer Engineering) (450)<br><input type="checkbox"/> Photonics (450)<br><input type="checkbox"/> Telecommunication & Networking Option (450) | <input type="checkbox"/> Graduate Certificate (353)<br>(Specify program _____)   |
| <input type="checkbox"/> Master of Environmental Engineering (455)   | <input type="checkbox"/> Post Masters Advanced Certificate (551)<br>(Specify program _____)  |
| <input type="checkbox"/> Master of Science (Environmental Engineering and Science) (450)   |  |
| <input type="checkbox"/> Master of Science (Environmental Planning and Management) (450)   |  |
| <input type="checkbox"/> Master of Science (Information Assurance) (450)   |  |

4. ADDRESS TO SEND COMMENCEMENT INFORMATION (Please notify us of address changes immediately)

Street, Apt, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Evening Phone/ Day Phone \_\_\_\_\_ / \_\_\_\_\_

6. E-mail

For Office Use Only

\_\_\_\_\_ Appl Dip: D F M Other: \_\_\_\_\_ Delete \_\_\_\_\_ Dip Lab \_\_\_\_\_ Interim \_\_\_\_\_ Flag