

# APPLICATION FOR M.ED. DEGREE AND/OR CERTIFICATE

COLLEGE OF EDUCATION  
+ HUMAN DEVELOPMENT

UNIVERSITY OF MINNESOTA

Students who want to complete the master of education (M.Ed.)/initial licensure, M.Ed./professional studies, or certificate programs must complete this application.

In addition to completing all degree or certificate requirements, students must also submit the final faculty-approved program form or Academic Progress Audit System (APAS) form. Exceptions to this requirement are listed below:

**M.Ed./ILP degree students:** APAS or program forms are not required of students in the elementary education, English education, or family education programs.

**M.Ed./professional studies students:** APAS or program forms are not required of students in the elementary education or English education programs.

**Certificate students:** Students should contact their department faculty adviser for completion requirements.

These forms must be submitted on or before the first business day of the month the student intends to graduate. Forms must be submitted to: CEHD Student Services, 250 Education Sciences Bldg, 56 E River Rd.,

Minneapolis, MN 55455, or fax to CEHD Student Services, Degree Clearance, 612-626-1580. For more information, contact CEHD Student Services, 612-625-6501; e-mail: [cehdgrad@umn.edu](mailto:cehdgrad@umn.edu); <http://cehd.umn.edu/students>.

Final degree clearance depends on completion of all program requirements, including the posting of final grades to the student's academic record. To allow sufficient time for processing, students are advised to apply to graduate at least two-three months before the desired degree completion date.

**Important:** M.Ed. students who plan to complete the program by August 30 and participate in the May CEHD commencement ceremony for that year must apply to graduate by **March 1**.

### Graduate School Students

Candidates for master of arts (M.A.), doctor of education (Ed.D.), and doctor of philosophy (Ph.D.) degrees must complete the Graduate School Application for Degree. For more information, contact the University of Minnesota's Graduate School at 316 Johnston Hall, 101 Pleasant Street S.E., Minneapolis, MN 55455; 612-625-3490; <http://www.grad.umn.edu>.

Name (first, middle, last) as you want it to appear on the diploma (Please print clearly.) _____		
* Former name, if any (first, middle, last) (See instructions below.) _____		
Current mailing address (street, city, state, ZIP code)		University I.D. number
Daytime telephone number	E-mail address	
Diploma mailing address (street, city, state, ZIP code)		
Expected month of program completion (check one): <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December		Expected year of program completion: <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013
In the space below, designate the program(s) you want to complete by the date indicated above.		
Program type: <input type="checkbox"/> M.Ed./initial licensure <input type="checkbox"/> M.Ed./professional studies	Major	Faculty adviser Campus phone number
Program type: <input type="checkbox"/> Certificate	Major	Faculty adviser Campus phone number
Citizenship status Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other. Specify _____		
Non-U.S. citizens only (type of visa) <input type="checkbox"/> Permanent resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> F-1, I-20 admission number (if known) _____ <input type="checkbox"/> Other visa. Specify _____		

I certify that the information I have provided on this application and on all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for canceling my admission or registration. (Note: You must sign and date your application).

Student signature \_\_\_\_\_ Date \_\_\_\_\_

\* Students who have previously applied to any of the University of Minnesota system schools (Twin Cities, Crookston, Duluth, Morris, or Waseca) under a different name must submit a completed University of Minnesota Name Change Request form to the appropriate office. The form is available at the Office of the Registrar, 612-624-1111; or on the Web: <http://onestop.umn.edu/onestop/forms.html>.

The University of Minnesota is an equal opportunity educator and employer. The College of Education and Human Development is committed to recruiting, enrolling, and educating a diverse population of students who represent the overall composition of our society.

For alternative formats of this publication, please contact CEHD Student Services, 612-625-6501.