

Worcester Polytechnic Institute

Office of the Registrar

Graduate Degree Completion Form

***IMPORTANT:** This form must be completed after applying for graduation and informing the Registrar's Office of your intent to graduate. Please complete step 1 below before you submit this form to the Registrar's Office.

Step 1: Submit the [Graduate Student Application for Graduation Form](#) online

Step 2: Complete the form below only after the online application has been submitted

Today's Date: _____

Student Information:

Student Name: _____ Student ID #: _____

(Please print)

Degree: _____ Major: _____ When are you completing your degree requirements?

Spring Summer Fall

Year: 20__

For Ph.D. Candidates Only

Please List Previous Degrees: (list degree, college, city, state, country, date)

Please list all applicable courses being used for this degree.

Please include all courses already completed, those in progress and those proposed to complete the program. Transfer course, including those taken at WPI under the BS/MS program, should be clearly designated. Official transcripts being used for transfer credit (exception: WPI transcripts) must be submitted with this application. Attach any petitions granting waivers to requirements.

Course Number	Title	Semester	Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please submit completed form to the Office of the Registrar,
508-831-5211 (tel) 508-831-5931 (fax)
100 Institute Road, Worcester MA 01609-2280
wpi.edu/+registrar

Worcester Polytechnic Institute

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Please list all applicable Independent Study, Directed Research, Thesis, or Dissertation Credits

Course Number	Advisor Name	Semester	Credits	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits: _____

Faculty Advisor for Ph.D. Dissertations only: The advisor(s) listed below will appear in the Commencement program as your PhD advisor(s).

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Required Examinations and Dates of Successful Completion:

This form must be approved by your department **before** it is submitted to the Registrar's Office. The Registrar's Office will **not accept this form** without the proper approvals below.

Student Signature: _____ Date: _____

Department Approval (REQUIRED)	
Advisor Signature: _____	Date: _____
Head of Department/Program Signature: _____	Date: _____

Registrar's Office Use Only
Registrar Approval: _____ Date: _____