HOWARD UNIVERSITY

CATHY HUGHES SCHOOL OF COMMUNICATIONS

MFA GRADUATION APPLICATION

Please type name as it appears on the university's records

NAME:_____

Last First Middle Suffix

GENDER: Male___Female ____ HU ID#:_____

Prospective Graduation Date:_____

MONTH DATE YEAR

Local Address:_____

Street Number and Name Apt. #

_____

City State Zip Code

Phone:( )_____Email: _____

Permanent Address:_____

Street Number and Name Apt. #

_____

City State Zip Code

Undergraduate Degree:_____ Undergraduate Major:_____

(BA, BS, BBA, etc.)

Name of school that awarded degree:_____

Date Degree was awarded:_____

Signature:_____ Date:_____

Disclaimer: This application is void after the semester for which you are applying. A new application is required to reflect your new date of graduation.