NORTHEASTERN STATE UNIVERSITY
GRADUATE COLLEGE

REQUEST FOR FINAL DEGREE CHECK FOR MASTER'S DEGREE

This form must be submitted to the Graduate College the semester prior to your final enrollment

Name :_____
Last First Middle

Social Security No. _____

Address: _____

_____
City State Zip

Name of Degree you are seeking: _____

When will you complete ALL degree requirements? _____ (semester)

Did you take your entire master's course work at NSU? YES NO

If no, is all of your transfer work for this degree on file at NSU? YES NO

Signature:_____ Date: _____

Phone: _____ e-mail: _____

Cell#: _____

Return this form to:

NSU Graduate College
601 N. Grand Ave.
Tahlequah OK 74464-2399
Fax: 918-444-2295

e-mail: railey@nsuok.edu