College of Graduate Studies

Graduate Information Form

Name (as you want it on your diploma) __________________________________________

Degree: __________________________ Program: ________________________________

Date Requirements Completed: __________________________

Advisory Committee Chair ________________________________________________

Thesis/Dissertation Title: _________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Forwarding Address: _______________________________________________________

Phone: __________________________

MUSC email: ______________________

Other email: ______________________

Post Graduation Plans: ____________________________________________________

________________________________________________________________________

Intend to participate in Hooding ceremony? ________ Commencement? ________

Signature ___________________________ Today’s Date __________________________

Please return form to the Dean’s Office