

SIMPSON COLLEGE

APPLICATION FOR MASTER OF ARTS DEGREE

This application must be completed to be eligible for graduation.

A copy of your "My Progress Plan" (degree audit) is required.
Please attach it to the application and return everything to the Registrar's Office.

Please note/explain how you will complete the remaining requirements on the *Projected Schedule of Courses Yet to Complete* form.

I.D.# _____ Simpson Email: _____ Date: _____

Degree applying for:

_____ Master of Arts in Teaching _____ Master of Arts in Criminal Justice

DIPLOMA NAME: PRINT your name as it will appear on your diploma on the line below. (Please be legible.)

Pronunciation of Diploma Name for Commencement Ceremony:

Use this space to give the pronunciation of any of your names (first, middle, last) that you think might be mispronounced at the commencement ceremony, such as sounds like or rhymes with. For example: Wittry, sounds like Wit Tree or Haack, rhymes with snake, cake, and bake.

All requirements for degree will be completed after end of term selected: (check one specific date)

_____ Term 1 (October) 2026 _____ December/T2 2026 _____ Term 3 (March) 2027 _____ Spring/T4 2027
_____ May Term 2027 _____ Summer 1 (July) 2027 _____ Summer 2/SX (August) 2027

Each student is given an opportunity to participate in one commencement ceremony which is held once each year in the spring.

Commencement ceremony participation date (**MUST check one**): _____ May 2027 _____ May 2028

Are you a Veteran? _____ Yes _____ No If yes, do you wish to be recognized in the program as a Veteran? _____ Yes _____ No

To qualify for participation in a commencement ceremony, no more than two courses, a total of 8 credits, can be outstanding to complete the degree.

Graduation Application Fee: This \$100 fee is assessed to students upon submission of the application for graduation. The fee will be charged to student accounts within two weeks of the submission. The fee is non-refundable.

PROJECTED SCHEDULE OF COURSES YET TO COMPLETE:

Summer 20____

Dept	Course #	Title	Credits	What does this course fulfill?

Fall Semester/T1 & T2 20____

Dept	Course #	Title	Credits	What does this course fulfill?
Total number of credits you will take for fall semester:				

Spring Semester/T3 & T4 20____

Dept	Course #	Title	Credits	What does this course fulfill?
Total number of credits you will take for spring semester:				

Summer 20____

Dept	Course #	Title	Credits	What does this course fulfill?

NOTE: ATTACH A COPY OF YOUR "My Progress Plan" (DEGREE AUDIT) TO THIS APPLICATION BEFORE GIVING THE FORM TO THE DEPT CHAIR(S) TO SIGN.

Student Signature: _____

Date _____

Advisor Signature: _____

Date _____

Program Director Signature: _____

Date _____

Department Chair Signature: _____

Date _____

RETURN ALL FORMS TO: Registrar's Office, Hillman Hall, 701 North C Street, Indianola, IA 50125