**SIMPSON COLLEGE**

**APPLICATION FOR MASTER OF ARTS DEGREE**

**Master of Music in Choral Conducting**

**This application must be completed to be eligible for graduation.**

**A copy of your 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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)**

**­ \_\_\_\_\_\_SM 2024 \_\_\_\_\_\_SM 2025**

**A final concert and commencement ceremony is held at the end of the summer term.**

**Commencement ceremony participation date: \_\_\_\_Summer 2024 \_\_\_\_Summer 2025**

**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**:

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| **SM 20\_\_\_\_\_\_\_\_\_** | | |  |
| **Dept** | **Course #** | **Title** | **Credits** |
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|  |  | **Total number of credits you will take for the semester:** |  |
| **SM 20\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **Dept** | **Course #** | **Title** | **Credits** |
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|  |  | **Total number of credits you will take for the semester:** |  |
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**NOTE: ATTACH A COPY OF YOUR 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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