



FORM 7

APPLICATION FOR COMPLETION OF PROGRAM

Candidates for: OCP, Post-Baccalaureate and Post Master's

Name:	CCSU ID #:
Street Address:	Email Address:
City/State/Zip:	Phone:
Country:	Advisor:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date:

Anticipated Month and Year of Program Completion: May August December of _____ (year)

CCSU closes records three (3) times per academic year for all graduate students who complete their program requirements: Fall (December), Spring (May), and Summer (August). These programs **Do Not** participate in the commencement ceremony.

Program Completed: OCP Post-Bacc Major: _____

Enrollment Status: I am not currently enrolled in courses
 I am presently taking the following courses:

COURSE #	COURSE TITLE	INSTRUCTOR	SEMESTER	YEAR

This form must be submitted by graduate students intending to complete a non-degree program: **OCP, POST-BACCALAURERATE OR POST MASTER'S**. This form must be completed and returned to the Graduate School (HB 102) no later than the close of the semester and year student anticipates completing program requirements. Notify Graduate Studies if your intention to complete requirements changes to a later semester or year.

Teacher Certification (Post-Baccalaureate) students contact their advisor and/or the Assistant Dean, School of Education and Professional Studies to discuss the exit process; Post-Master's and OCP students contact their advisor and/or degree auditor.

Since it will be necessary to mail information to you from time to time, please notify the Registrar's Office immediately if you change your address.