

### Application for PhD Update Form

Name: *(Print name as you want it to appear on diploma)* \_\_\_\_\_

**Permanent Address for Diploma Mailing:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ I.D. # \_\_\_\_\_

DO YOU PLAN TO ATTEND THE CEREMONY?     Yes     No

Hometown to be listed on the Commencement Program: \_\_\_\_\_

*NOTE: If no Home Town is listed, the Program listing will default to Butte.*

Catalog in effect for graduation requirements: \_\_\_\_\_

*Note: A student can choose to complete the degree requirements in the catalog under which the student was admitted or any subsequent catalog published while the student is enrolled. Student must complete those requirements within 6 years from the date of the chosen catalog.*

Which semester will requirements be completed?     Summer \_\_\_\_\_     Fall \_\_\_\_\_     Spring \_\_\_\_\_

Semester of original Application for Degree     Summer \_\_\_\_\_     Fall \_\_\_\_\_     Spring \_\_\_\_\_

*If all degree requirements are not completed by semester indicated above, an additional Application for PhD Update Form must be submitted to the Graduate Office. See Catalog for enrollment requirements. To participate in the Commencement Ceremony, a successful defense or final oral examination must be completed no later than 8 days prior to Commencement.*

Defense Date: \_\_\_\_\_ If Defense has been completed, indicate last Term you enrolled:  
 Summer \_\_\_\_\_     Fall \_\_\_\_\_     Spring \_\_\_\_\_

Graduate program courses taken since last degree application filed:

Course # (not CRN)	Course Title	Credits	Semester Taken

**Signatures for Approval**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies

<i>Graduate School Office Use Only</i>	
CC: Graduate File	Semester _____
Review Completed By: _____	Date: _____