
Form #6A: Graduate Degree Information

Applicant's name _____ Degree Program _____

Date admitted to degree program _____ Date degree issued _____

College/University Name _____

I. THE INSTITUTION:

Name of national or regional accreditation body granting full graduate level accreditation during the time of applicant's graduate program.

_____ Year first accredited: _____

II. THE DEGREE PROGRAM:

Name of degree awarded to the license applicant.

ATTACHMENT #1

Please provide a copy of the relevant pages in the college catalog that describe the course of study and description of classes under which the applicant's degree was conferred.

Required minimum full-time enrollment: # _____ Quarters Semesters

Required # of credits for graduation _____ Quarters Semesters

The number of practicum/internship clock hours required for graduation _____

The number of clock hours this student accrued in a practicum/internship _____

As a graduate school representative, I certify that I have reviewed the information on this form and that it is correct to the best of my knowledge.

Name Title

Phone Number Address

Signature Date

[Type text]