

Application for Granting of Master's Degree  
Counseling Specialization  
Graduate Studies  
Villanova University

Please complete this form and return it to the Department of Education and Human Services.

1. I will complete 48 hours of credit for the Master's Degree by \_\_\_\_\_  
Date

2. Master of SCIENCE in \_\_\_\_\_

3. The Comprehensive Examination was passed when administered on \_\_\_\_\_  
Date

4. To the best of my knowledge I should be awarded the degree at the commencement on \_\_\_\_\_.  
Date

5. a. Undergraduate college attended \_\_\_\_\_

b. Degree received \_\_\_\_\_

c. Year you received degree \_\_\_\_\_

**PLEASE PRINT YOUR NAME EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA.**

\_\_\_\_\_  
(First name) (Middle Initial) (Last Name) (Initials if religious)

**PLEASE SIGN:**

\_\_\_\_\_  
(First name) (Middle Initial) (Last Name)

\_\_\_\_\_  
(Street) (City) (State/Zip Code)

\_\_\_\_\_  
(Social Security Number)