



**INTER AMERICAN UNIVERSITY OF PUERTO RICO  
METRO CAMPUS  
APPLICATION FOR GRADUATION  
MASTER, DOCTOR, PROFESSIONAL CERTIFICATE**

**FILL OUT THE ENTIRE APPLICATION IN PRINT AND SIGN AT THE BOTTOM: PAY THE CORRESPONDENCE FEE (\$100) AT THE BURSAR'S OFFICE AND RETURN THE APPLICATION TO THE REGISTRARS OFFICE. ON LINE STUDENT SEND APLICATION TO: [eimorales@metro.inter.edu](mailto:eimorales@metro.inter.edu).**

Diploma:  Spanish or  English (since May 2004)

Name complete: \_\_\_\_\_  
**As register in University**

Student Number: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Specialty: \_\_\_\_\_

**Degree Candidate:**

- |  |   |
|--|---|
| <input type="checkbox"/> Master of Arts (MA)                     | <input type="checkbox"/> Master of Social Work (MSW)              |
| <input type="checkbox"/> Master of Business Administration (MBA) | <input type="checkbox"/> Doctor in Business Administration (PhD)  |
| <input type="checkbox"/> Master of Science (MS)                  | <input type="checkbox"/> Doctor in Education (EdD)                |
| <input type="checkbox"/> Master of Education (MEd)               | <input type="checkbox"/> Doctor in Philosophy (PhD) in: _____     |
| <input type="checkbox"/> Master of International Business (MIB)  | <input type="checkbox"/> Doctor in Psychology (PsyD)              |
| <input type="checkbox"/> Master of Music (MM)                    | <input type="checkbox"/> Professional Certificate (PCT) in: _____ |

**I WILL COMPLETE ALL GRADUATION REQUIREMENTS ON (YEAR) \_\_\_\_\_ FOR:**  Trimester: \_\_\_\_\_  
 Semester: \_\_\_\_\_  Bimester: \_\_\_\_\_  Summer: \_\_\_\_\_

**NOTE:** The payment of graduation fee of any kind, the listing of the student as a candidate for graduation in any document and/or invitation either to the graduation ceremonies or to any other activity related to graduation exercises shall not be interpreted as an offer to graduate nor a covenant to that effect, until the Registrar certifies that the student comply with all the degree requirements. Only the completion of all requirements listed in the catalog or in any other official University directive entitles a student to graduation irrespective of any representation of any kind made by any official of this University.

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

*PAYMENT SEAL*



**FOR OFFICE USE ONLY**

TERM OF ADMISSION	TERM OF GRADUATION	CODE PROGRAM	ENTRY DATE SYSTEM

**TECHNICIEN:** \_\_\_\_\_

GRADUATION YEAR CATALOGUE: \_\_\_\_\_

CREDITS TRANSFERRED: \_\_\_\_\_

CREDITS APPROVED UIAPR: \_\_\_\_\_

GENERAL AVERAGE: \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF EVALUATOR: \_\_\_\_\_

DATE: \_\_\_\_\_