



**CABRINI**  
UNIVERSITY

## Master of Education (MEd) Application for Graduation

To apply for graduation from Cabrini (regardless of walking in Commencement exercises), please complete this form, save a copy for your records, and email to [registrar@cabrini.edu](mailto:registrar@cabrini.edu). Please see the [Academic Calendar](#) for application deadlines.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

### Address for Diploma to be Mailed:

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Cabrini Email Address: \_\_\_\_\_

In order to protect student's privacy, email correspondence will only occur via student's Cabrini email account.

### I am applying for a Master of Education in:

- |   |                             |
|---|-----------------------------|
| _____ Curriculum, Instruction, and Assessment | _____ Secondary Education   |
| _____ Early Elementary                        | _____ Special Education     |
| _____ Educational Leadership                  | _____ Teaching and Learning |
| _____ English as a Second Language            | _____ Urban Education       |
| _____ Reading Specialist                      |                             |

### I plan to graduate:

Year: \_\_\_\_\_ August: \_\_\_\_\_ December: \_\_\_\_\_ May: \_\_\_\_\_

Name as you want it to appear on diploma: \_\_\_\_\_

### Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my Cabrini University email account.

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