

**APPLICATION FOR THE GRANTING OF THE DEGREE OF DOCTOR OF EDUCATION,
EDUCATIONAL LEADERSHIP**

TYPE ALL REQUESTED INFORMATION

LEGAL NAME (on permanent record at CSUF):

Last Name First Name Middle Name

DIPLOMA NAME (name you want on diploma): Please include personal name suffix, if any, i.e. Jr. & any accent marks.

Last Name First Name Middle Name

Signature of Applicant Date

BIRTHDATE: **EXPECTED DATE OF GRADUATION** **IDENTIFICATION #:**

MM/DD/YY MM/DD/YY

LOCAL MAILING ADDRESS:

Street Number/Name Apartment

City State Zip Code Area Code & Phone

PERMANENT/DIPLOMA ADDRESS: (Same as above? Yes No --if no, fill in below)

Street Number/Name Apartment

City State Zip Code Area Code & Phone

TO THE DIRECTOR: Please take a moment to check the student's file before you approve his/her application.

Has the applicant accomplished all requirements for the granting of the Ed.D. degree? YES No

Director Date

For Graduate Studies office use only

APP. RECEIVED BY _____ GRAD OFFICE APPROVAL _____

FEE PAID (\$20) RECEIPT# _____ MAILED APP BACK TO STUDENT LATE FEE _____

DATE _____ DATE _____ DATE _____