

**Office of the Registrar  
Master's Degree Application**

To process this application, please provide all the information below:

SSN \_\_\_\_\_ Class of \_\_\_\_\_

Name \_\_\_\_\_  
(Please **PRINT NAME EXACTLY** as it should appear on diploma.)

Rank \_\_\_\_\_ (At time of graduation)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address to which the diploma should be sent:

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Degree cannot be conferred until this application and student's undergraduate transcripts are received.

\_\_\_\_\_  
Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this application NLT \_\_\_\_\_ by mail or fax to:

U.S. Army War College                      FAX (717) 245-3166  
Office of the Registrar                    Phone: (717) 245-4166/3425  
122 Forbes Avenue  
Carlisle, PA 17013-5216

**Please note: Applications will be accepted by FAX. Transcripts cannot be accepted by FAX.**

\*\*\*\*\*  
DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTH: AUTH: 5 USC, EO 9397  
PRINCIPLE PURPOSE: To apply for master's degree. ROUTINE USE: To identify student records.  
DISCLOSURE: Voluntary, however, failure to provide the information could result in delay/inability to provide a master's degree.  
\*\*\*\*\*  
CBks (DAA-Registrar) Form 76-R-E Rev Aug 01