



APPLICATION FOR GRADUATION

Please complete this form and return it to the Registrar's Office. Candidates for graduation should file this application no later than midterm of the semester in which they plan to graduate.

NAME (as you want it printed on your diploma):

FIRST _____ MIDDLE _____ LAST _____ SUFFIX _____

SONIS ID: _____

I expect to receive my degree in: DECEMBER _____ YEAR MAY _____ YEAR AUGUST _____ YEAR *

*How many hours will you have to complete in the summer? _____

Will you be completing any of your remaining degree requirements off campus? YES NO

If yes, please notify the Registrar's Office immediately. Proof of registration must be provided.

I am going to attend the May Commencement Ceremony: YES NO

If yes, provide the following for gown ordering: HEIGHT _____ WEIGHT _____

Pronunciation of your name: _____

DEGREE: BACHELOR OF ARTS BACHELOR OF SCIENCE

MAJOR(S): _____

MINOR(S): _____

Do you need assistance with the job search process or with graduate school selection? YES NO

If yes, please schedule an appointment with Career Development at <https://kellybay.youcanbook.me/>.

ADDRESS (where you want your diploma sent):

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

If you would like your parent(s) to receive information on the Commencement Ceremony, please list names and addresses:

1. NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____

2. NAME _____ STREET _____

CITY _____ STATE _____ ZIP _____

I understand that completion of this application does not guarantee completion of my degree requirements or that I will graduate in the semester indicated above. I understand that if I do not meet all requirements to graduate during the indicated semester, I must reapply for a later semester. I understand that if I am not in good financial standing, I will not receive my diploma or transcript until my account returns to good standing.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Jostens:

Program:

Read List:

Diploma Sent: