

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	MAY	AUGUST
*How many ho	ours will you have to complete in the summer?		
,	eting any of your remaining degree requireme the Registrar's Office immediately. Proof of registration must be I	•	S NO
I am going to atter	nd the December Commencement Ceremony:	YES	NO
I am going to atter	nd the May Commencement Ceremony:	YES	NO
If yes, provide	the following for gown ordering: HEIGHT	WEIGHT	
Pronunciation of y	our name:		
DEGREE: BACH	ELOR OF ARTS BACHELOR OF SC	IENCE	
MAJOR(S):			
MINOR(S):			
Do you need assis	stance with the job search process or with grad	duate school selection	? YES NO
If yes, please s	schedule an appointment with Career Develop	oment at <u>https://kellyba</u>	ay.youcanbook.me/.
ADDRESS (where	you want your diploma sent):		
STREET			
CITY	STATE		ZIP
PHONE NUMBER	·		
If you would like yo and addresses:	our parent(s) to receive information on the Co	mmencement Ceremo	ony, please list name
1			
NAME		STREET	
CITY		STATE	ZIP
2.		OTDEET	
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	E:		DATE:		
FOR OFFICE USE ONLY:					
Jostens:	Program:	Read List:	Diploma Sent:		