EUREKA COLLEGE

FOUNDED 1855

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 _____*
                                                        YEAR   YEAR   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 December Commencement Ceremony: YES   NO

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 Services via Handshake, email, or drop-in.

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: _____