

APPLICATION FOR GRADUATION

NAME: _____ SOC. SEC. #: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ MAJOR: _____ MINOR: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

CITY: _____ STATE: _____ ZIP: _____

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PLEASE PRINT YOUR NAME BELOW EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:

- Applying for **May 11, 2024 Graduation** **September 1, 2024 Graduation** (Please Circle Date)
- Do you plan to attend Commencement on Saturday, May 11th 2024? Yes ☐ No ☐

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WITH SUCCESSFUL COMPLETION OF ALL COURSES THIS SEMESTER, I SHALL HAVE COMPLETED:

CORE CURRICULUM REQUIREMENTS:	YES: _____	NO: _____
MAJOR REQUIREMENTS:	YES: _____	NO: _____
MINOR OR CONCENTRATION REQUIREMENTS:	YES: _____	NO: _____
120 SEMESTER HOURS:	YES _____	NO: _____

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IF ALL DEGREE REQUIREMENTS WILL NOT BE MET BY GRADUATION, PLEASE LIST COURSE(S) NEEDED:

COURSE & SCHOOL:

DATE TO BE COMPLETED:

PLEASE REVIEW THIS APPLICATION WITH YOUR ADVISOR AND OBTAIN SIGNATURES BELOW:

STUDENT: _____

DATE: _____

ACADEMIC ADVISOR: _____

DATE: _____

MAJOR DEPARTMENT CHAIR: _____

DATE: _____

MINOR DEPARTMENT CHAIR: _____

DATE: _____

DEPT. CHAIR PLEASE CIRCLE APPROPRIATE DEGREE: BA BFA BS BSBA BSN BSW

THIS FORM SHOULD BE SUBMITTED TO THE REGISTRAR'S OFFICE IN PERSON OR BY MAIL PRIOR TO MARCH 4, 2024

FOR REGISTRAR'S OFFICE USE ONLY

- DEGREE AWARDED: _____
- MAJOR _____ HONORS AWARDED: CL MCL SCL GPA = _____
- DATE TO BE ON DIPLOMA: MAY 11, 2024 _____ SEPT 1, 2024 _____
- RECEIVING A "BLANK" DIPLOMA _____ INITIALED BY: _____