

GRADUATION APPLICATION

CANDIDATE

(Complete this section and leave form with advisor.)

Name _____
Last First Middle
(As it will appear on your diploma)

Term of Completion: Fall 20 ____ Spring 20 ____ Summer 20 ____ Student ID#: _____
(No Summer Ceremony)

County of Residence _____ Date of Birth: _____
Phone Number: (____) ____ - _____

Mailing Address _____
(Where diploma is to be mailed.) _____

Major _____ (Check one) Degree Diploma Certificate

I plan to participate in commencement exercises? (Check one) Yes No

If yes, number of anticipated guests _____

Candidate's Signature

Date

ADVISOR

(Complete this section and send form to Registrar's Office.)

Courses currently taking at other schools (if applicable) _____

GPA \geq 2.00 Yes No
Credit hours in residence > 25% total course work required Yes No
Credit hours in mjaor > 25% total major required courses Yes No

Advisor's Signature

Date

REGISTRAR

Registrar/Designee

Date