APPLICATION FOR GRADUATION

I hereby apply for graduation and state my intention to complete all requirements for the degree(s) of:

Degree Plan

( ) Bachelor of Arts
( ) Bachelor of Science
( ) Associate of Arts
( ) Master of Business Administration

Major _____

IF DEGREE COMPLETION STUDENT --LEAD GROUP NAME_____

Date of Completion

by the end of the ( ) **Fall** Semester, school year 20_____-20_____.
by the end of the ( ) **Spring** Semester, school year 20_____-20_____.

Evaluation

I wish to have my degree evaluated under the requirements outlined in the academic year _____to_____ catalog. I understand it is my prerogative to graduate under the catalog which was in effect at the time of my enrollment **or** the current catalog, as long as I meet the requirements as outlined for my degree in that particular catalog.

Transfer

In evaluating my degree plan, please take into account transfer credits from the following college(s):

_____

_____

Participation

( ) At this time, I plan to participate in the commencement ceremony.

My height is _____. My weight is _____. My head size is _____.
(This information is necessary for ordering caps and gowns for the ceremony.)

( ) I do not plan to participate in the commencement ceremony.

Diploma Information

The following is the way I wish to have my name spelled on my diploma:

(Please Print) _____

Diploma Mailing Address: _____
_____
_____

Phone &/or Email: _____

Current Mailing Address: _____
_____
_____

Phone &/or Email: _____

Agreement

Upon filing this application in the Registrar's Office, I understand that the Degrees Committee will evaluate my program and notify me of final requirements and will be officially considering my graduation in the year indicated above. I understand that in the Spring semester (unless finishing in the fall) that the Business Office will automatically bill me for a graduation fee as indicated in the current catalog. I understand further that, it is my responsibility to notify the Registrar if there is any change in the above information and if I fail to do so, I will assume any liability that occurs.

Signature: _____ **SSN:** _____ **Date:** _____