

APPLICATION FOR GRADUATION

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

DEGREE PLAN: () Associate of Arts () Bachelor of Arts () Bachelor of Business Administration
() Bachelor of Science () Master of Business Administration () Master of Science () Master of Arts

MAJOR: _____

DATE OF COMPLETION by the end of the () **FALL** () **SPRING** () **SUMMER** Semester, school year 20 _____

EVALUATION: I wish to have my degree evaluated under the requirements outlined in my () entrance catalog year or () current catalog year. 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 any outstanding transfer credits, subject exams or prior learning experience from the following college(s):

DIPLOMA: The following is the way I wish to have my name spelled on my diploma: (Please Print)

COMMENCEMENT PARTICIPATION:

() At this time, I plan to participate in the () **FALL** () **SPRING** 20__ commencement ceremony.

My height is _____. My weight is _____ Sure-fit Caps provided

(This information is necessary for ordering gowns for the ceremony and remains confidential.)

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

****BE SURE TO NOTIFY registrar@macu.edu** of address change anytime before or after commencement ceremony for accuracy in mailing diploma.

DIPLOMA MAILING ADDRESS:

PHONE: _____

EMAIL: _____

CURRENT MAILING ADDRESS:

PHONE: _____

EMAIL: _____

AGREEMENT: Upon filing this application in the Registrar's Office, I understand that the Degrees Committee will make necessary recommendations and/or approval of my degree conferral in the year indicated above. I understand 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: xxx-xx-_____ **DATE:** _____

