

APPLICATION FOR GRADUATE DEGREE

Date _____

Name _____

Name as you wish it to appear on your diploma

Student ID No. _____ Expected Graduation Date _____

Address _____

Street

Apartment

City

State

Zip

Home/Cell Phone _____ Business Phone _____

Degree applied for:

Major:

Education Specializations:

Commencement

Do you wish to participate in the Commencement Ceremony?

No Yes, please forward instructions me at:

Street _____ Apartment _____

City _____ State _____ Zip _____

Diploma

Diplomas will be mailed approximately four weeks after conferral.

Please send my diploma to:

Street _____ Apartment _____

City _____ State _____ Zip _____

Please list all prior degrees:

Title of Degree

Institution

Date Conferred

1. _____

2. _____

Applicant's Signature

OFFICIAL USE ONLY

INITIAL EVALUATION

Eligible Ineligible

Comments:

Evaluated by: _____

FINAL EVALUATION

Eligible Ineligible

Graduation Date: _____

GPA: _____

Evaluated by: _____