Buck	
Office of the	e Registrar
Lewisburg	DA 17827

APPLICATION FOR GRADUATE DEGREE

Lewisburg, PA 17837		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:
L				
	nent Ceremony? ne at:	Diploma Diplomas will be mailed Please send my diploma t	approximately four v	veeks after conferral
Do you wish to participate in the Commencer No Yes, please forward instructions r	nent Ceremony? ne at: Apartment	Diplomas will be mailed	approximately four v	weeks after conferral. Apartment
Commencement Do you wish to participate in the Commencer No Yes, please forward instructions r Street City State	ne at:	Diplomas will be mailed Please send my diploma	approximately four v to: State	
Do you wish to participate in the Commencer No Yes, please forward instructions r Street	ne at: Apartment	Diplomas will be mailed Please send my diploma Street	to:	Apartment
Do you wish to participate in the Commencer No Yes, please forward instructions r Street City State	ne at: Apartment	Diplomas will be mailed Please send my diploma Street	to:	Apartment
Do you wish to participate in the Commencer No Yes, please forward instructions r Street City State Please list all prior degrees:	ne at: Apartment	Diplomas will be mailed Please send my diploma Street City	to:	Apartment Zip

Applicant's Signature

OFFICIAL USE ONLY			
INITIAL EVALUATION	FINAL EVALUATION		
🗆 Eligible 🛛 Ineligible	🗌 Eligible 🗌 Ineligible		
Comments:	Graduation Date:		
	GPA:		
Evaluated by:	Evaluated by:		