



GRADUATION
APPLICATION
(continued)

Student ID# _____

*MAILING ADDRESS for current semester

*MAILING ADDRESS for FINAL semester- where should we mail your diploma/ceremony picture?

E-MAIL ADDRESS: _____

PHONE: _____

HOMETOWN:

City

State

SPRING CEREMONY PARTICIPANTS: If your name is often mispronounced, please print it out phonetically.

I will notify Registration Services of changes to my graduation plans or mailing addresses.

Signature

Date

(over)



GRADUATION APPLICATION

OFFICE USE ONLY:
 SPAIDEN-Addresses updated
 SHADEGR- grad date coded
 SFAREGS-major/minors checked

Student ID# _____ Student Name: _____

(Print your name as it is to appear on the diploma)

Would you like to participate in commencement?

Yes, Spring 20 _____

No, I participated _____ Semester

No, I do not plan on participating at all

Please note when your final semester will take place (Include anything required for your degree: internships, student teaching, etc.)

Summer 20 _____

Fall 20 _____

Spring 20 _____

List your degree details below.

Type of degree: Bachelor of Arts Bachelor of Fine Arts (ART students only)

First Major

First Major Emphasis

First Minor

Second Major

Second Major Emphasis

Second Minor

(over)