

APPLICATION FOR GRADUATION CANDIDACY

Do Not Write Inside This Box

C H D

Please note: Your diploma name will reflect the name on your official University Record.

Year: _____ Term: _____

Fall
 Spring
 Summer

Graduation Month:

January May
 August

ID Number:

Last Name:

First Name:

School:

A&S BUS NUR
 SWK Derner EDU

Major:

Second Major:

Minor:

Phone Number :

() -

Check the appropriate Degree

Associate's **Bachelor's** **Master's** **Doctoral**

- | | | | |
|------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> AA | <input type="checkbox"/> BA | <input type="checkbox"/> MA | <input type="checkbox"/> AU.D |
| <input type="checkbox"/> AAS | <input type="checkbox"/> BS | <input type="checkbox"/> MS | <input type="checkbox"/> Ph.D |
| <input type="checkbox"/> AS | <input type="checkbox"/> BBA | <input type="checkbox"/> MBA | <input type="checkbox"/> DA |
| | <input type="checkbox"/> BFA | <input type="checkbox"/> MFA | <input type="checkbox"/> DSW |
| | <input type="checkbox"/> BSED | <input type="checkbox"/> MSW | |
| | <input type="checkbox"/> BSW | | |

Mail Diploma to: (if different from current address)

(Check to Change Permanently)

Student Signature _____ Date _____

* This form authorizes the review of the academic record in preparation for candidacy.

Do Not Fill in Below This Line

Remarks:

Program

Special Program

Certificate

Degree 1

Major 1

Minor 1

Degree 2

Major 2

Minor 2

Processed By _____
Date _____