



## APPLICATION FOR GRADUATION

Student ID # \_\_\_\_\_

*Please print or type your name **CAREFULLY AND LEGIBLY**, as you would like it to appear on your diploma:*

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Permanent Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Telephone Number Major 1

\_\_\_\_\_  
Major 2

\_\_\_\_\_  
Minor 1

\_\_\_\_\_  
Minor 2

CHECK ONE: *Please indicate the degree you expect to receive:*

### **BACHELOR DEGREE**

- \_\_\_\_\_ Bachelor of Arts
- \_\_\_\_\_ Bachelor of Science

### **MASTER OF SCIENCE DEGREES**

- \_\_\_\_\_ Accountancy
- \_\_\_\_\_ Curriculum and Instruction
- \_\_\_\_\_ Environmental Education
- \_\_\_\_\_ Health Services Leadership
- \_\_\_\_\_ Library Media Management
- \_\_\_\_\_ Nurse Anesthesia
- \_\_\_\_\_ School Administration  
and Supervision
- \_\_\_\_\_ Special Education

I wish to be considered for Graduation in:

\_\_\_\_\_ August 20 \_\_\_\_\_ December 20 \_\_\_\_\_ May 20 \_\_\_\_\_  
Year Year Year

*Please return this form to the Office of the Registrar, First Floor, Alfred Hall*