

Elizabeth City State University
The Office of the Registrar
Undergraduate Application for Graduation

Student ID # _____ Date _____

Full Name of applicant, print exactly as it should appear on diploma

First Name Middle Last

Permanent Address Number and Street or Route and Box Number

City State Zip Code

Telephone # _____ E-mail address _____

Major _____ Minor/Concentration _____

Second Major (if applicable) _____

When do you expect to complete graduation requirements: Check one:

Fall Spring Summer Year _____

Catalog year that graduation requirements will be assessed _____

Total semester hours required for graduation _____

Total transfer hours used _____

Total hours earned to date _____

Total remaining semester hours needed to complete requirements _____

Teaching Non-Teaching

If you are in Teacher Education, have you passed all parts of the
PRAXIS or applicable assessment?

Yes No
Yes No

Have your scores been sent to the Registrar's Office?

It is the sole responsibility of each graduation candidate to meet with the academic advisor to determine if all institutional and departmental requirements for graduation have been met. Attach transcript, Program of Study Checklist and record transfer credit form.

Signature of Student

Date

Signature of Advisor

Date

Signature of General Studies Chairperson

Date

Signature of Department Chairperson

Date

Signature of Dean of the School

Date