

Elizabeth City State University  
The Office of the Registrar  
Graduate Student 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

Degree Sought \_\_\_\_\_ Major \_\_\_\_\_

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 \_\_\_\_\_

Do you have a minimum overall grade point average of 3.0? \_\_\_\_\_

Have you successfully completed a minimum of 30 semester hours of credit in residence study at the University? \_\_\_\_\_

Have you completed an exit interview with the graduate coordinator in your program area? \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Advisor Date

\_\_\_\_\_  
Signature of Program Coordinator Date

\_\_\_\_\_  
Signature of Department Chairperson Date

\_\_\_\_\_  
Signature of Dean of School Date

\_\_\_\_\_  
Signature of Director of Graduate Education Date