



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 a degree seeking candidate in Teacher Education, have you passed all parts of the Praxis for the program entry or exit if applicable? Yes [] No []

Have your scores been sent to the University and a copy to the Office of Teacher Education? Yes [] No []

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 _____