

APPLICATION FOR GRADUATION CANDIDACY

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

Year _____	Graduation Month: <input type="checkbox"/> December <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> August	ID Number	Last Name	First Name
Major	Second Major	Specialization/Track/Cluster/ Concentration	Minor	Phone Number () -

Check the appropriate Degree:

- Undergraduate Doctoral
 Graduate Certificate

Mail Diploma to (if different from current address):

(Check to Change Permanently)

****PLEASE CHECK YOUR DEGREE AUDIT TO ENSURE THAT YOU HAVE MET THE REQUIREMENTS FOR YOUR DEGREE****

Student Signature _____ Date _____

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