

# Undergraduate Application for Graduation

Before submitting form to advisor, please pay the \$45 application fee in the Business Office  
Receipt No. \_\_\_\_\_

GCID 911- \_\_\_\_\_ NAME \_\_\_\_\_  
Print your legal name as you want it to appear on your diploma

LOCAL ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DIPLOMA MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Graduation Term  Fall  Spring  Summer 20 \_\_\_\_\_ Catalog Year \_\_\_\_\_  
As shown on DegreeWorks audit

Degree you are pursuing:  BBA  BMT  BSN  BA  BMED  BS  
Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ Concentration(s) \_\_\_\_\_

List courses needed by subject and course number (i.e. ENGL 1101). Indicate if course is being repeated. If course is being used to satisfy an elective, the "3 hour elective" can be used instead of a specific course.

Semester	20	Repeat?	Semester	20	Repeat?	Semester	20	Repeat?			
Subject	Crse #	Hrs	(Y/N)	Subject	Crse #	Hrs	(Y/N)	Subject	Crse #	Hrs	(Y/N)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

I understand that I need to satisfactorily complete the courses listed above and address any deficiencies identified by my advisor, department chair and/or Registrar's Office to qualify for graduation. If I make changes to the courses listed or to my degree completion plans, I will file a revised graduation application immediately.

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

With the satisfactory completion of the courses listed above, this student will complete course requirements for the major program.

Advisor Signature \_\_\_\_\_ Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This application must be forwarded to the Registrar's Office for final approval\*\***

Registrar's Office Use Only	
Date Received from Department _____	<p><b>To qualify for graduation, you must satisfactorily COMPLETE</b></p> <ol style="list-style-type: none"> <li>All courses as currently listed above. If you make any changes to these courses, you must notify the Registrar's Office immediately.</li> <li>All testing requirements.</li> </ol>
1 <sup>st</sup> Evaluation Date _____	
2 <sup>nd</sup> Evaluation Date _____	
Grad Term Evaluation Date _____	
Final Evaluation Date _____	
Overall Earned Hours _____	
Proposed Hours _____	
Minus Repeated & Excluded Hours _____	
TOTAL Hours _____	
<p>All requirements must be completed by _____ to qualify for graduation in the term listed.</p> <p>Registrar's Office Signature _____ Date _____</p> <p><input type="checkbox"/> Registrar's Office (White) <input type="checkbox"/> Advisor (Yellow) _____ Date _____ <input type="checkbox"/> Student (Pink) _____ Date _____</p>	