For Office Use Only:
Computer:
Confirmed:

GRADUATION APPLICATION

Fall 20__ Please indicate year

Directions to Student: Please complete this application and submit a copy **to the office of the Dept. Chair in which your major is located.** Return the original form to the **Records Evaluator** as early as the semester before the semester you plan to graduate but no later than August 31 for Fall, January 31 for Spring and June 1 for Summer graduation. Applications received after the semester deadline will be assessed a $20.00 late fee. Plan a time to meet with your advisor to review your degree plan requirements and have your plan submitted to the Dept. Chair of your major(s) for final review and approval before it is sent to the Records Office. Do the same for your minor plan(s). **NOTE**: Your degree plan consists of your general education sheet, your major sheet and the Undergraduate Degree Check sheet. *Please fill out this form completely and legibly*.

_____ _____

NAME (*Your name as it appears in ASC records)* **I.D. #**

_____

NAME (*As you want it to appear on your diploma, if different from above.*)

_____

HOMETOWN CITY AND STATE *(This information will appear in the Commencement program.)*

CANDIDATE for (Check One): ☐ **Associate of Arts** ☐ **Associate of Science**

☐ **Bachelor of Arts** ☐ **Bachelor of Science**

Are you a CANDIDATE for TEACHER LICENSURE? ☐ **Yes** ☐ **No**

***If YES, indicate level*:** ☐ **Elementary** ☐ **Secondary** ☐ **K-12**

FIRST MAJOR_____ **EMPHASIS** _____

(Note: If you have more than one major, you must identify your first choice, which will determine how your transcript reads.)

First Major Advisor_____

SECOND MAJOR _____**EMPHASIS** _____

Second Major Advisor _____

MINOR(S) _____

Minor Advisor(s) _____

_____

LOCAL MAILING ADDRESS *(Where we can reach you by mail during your final semester)* **City** **State** **ZIP**

_____ _____

TELEPHONE NUMBER *(Where we can reach you during your final semester)* **E-MAIL ADDRESS** (check your e-mail often)

_____

DIPLOMA ADDRESS **City** **State** **ZIP**

****(Address to which you want your diploma mailed, this cannot be changed through Portal)*

******If you MOVE, contact the Records Evaluator with your new diploma address BEFORE it is mailed to an incorrect address.***

I understand that this application is valid for the fall semester only. If I do not complete all degree requirements by the end of the fall semester, I must reapply to graduate in a subsequent semester.

SIGNATURE:_____**DATE:**_____

If you need special assistance during the commencement ceremony please contact the Records Evaluator at 719-587-7321.