

For Office Use Only:

Computer:

Confirmed:

GRADUATION APPLICATION

Summer 20__ *Please indicate year*

Directions to Student: Please complete this application and submit a copy to each of your Dept. Chairs (if you have more than one major). Return the original form to the **Assistant Registrar** as early as the semester BEFORE the semester in which 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 the 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.) Please indicate if you wish to be OMITTED from the commencement program for confidentiality reasons, otherwise your name will appear in the commencement program and in all graduation listings.)*

CANDIDATE for (check one): Associate of Arts Associate of Science

Bachelor of Arts Bachelor of Science Bachelor of Fine Arts

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** _____

(If you are a double major, with a BS and BA, you must choose which degree is printed on your diploma, only one degree and diploma is awarded as a student does not repeat the 120 hour requirement for two degrees.)

Second Major Advisor _____

1st Minor _____ **2nd Minor** _____

1st Minor Advisor _____ **2nd Minor Advisor** _____

Local Mailing Address **City** **State** **Zip Code**

Telephone Number *(Where we can reach you during your final semester)*

E-mail Address *(check your ASC e-mail frequently for announcements)*

Diploma Address **City** **State** **Zip Code**

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

****IF you **MOVE**, contact the Assistant Registrar with your new diploma address BEFORE it is mailed to an incorrect address at dmmondragon@adams.edu*

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 Assistant Registrar at 719-587-7721.