

OFFICE OF ACADEMIC RECORDS AND SUMMER SCHOOL
GRADUATION AND DIPLOMA APPLICATION



Please print your legal name as you want it to appear on your diploma. Also list the address where you would like to have your diploma sent.

Legal Name _____ Student Rock ID No. A00 _____

Street Address _____

City _____ State _____ Zip _____ Current Phone No. _____

Please review your degree audit, complete this card and return it to the Office of Academic Records, Room 107, Old Main. If you fail to graduate during the semester indicated on this application **you must reapply**. **Deadlines for applying:** March 15 for May graduation, June 15 for Summer graduation, October 15 for December graduation and November 1 for January graduation.

DEGREE: (check one) B.S. B.A. B.S. in Ed. B.F.A. B.S.N.
 B.M. B.S. in Bus. Admin.

***To earn a second degree, a student must have at least 150 credits. Students will receive 2 diplomas if their degrees are different. (ex. B.A. and B.S.) B.A. degree recipients must complete the University's modern language requirement.

First Major _____ Second Major _____
First Minor _____ Second Minor _____

TEACHER CERTIFICATION(S): (circle more than one, if applicable) Elem. Ed. HPE SPED Hlth. Sci. Music Ed. Env. Ed. Early Child.
Sec. Educ. (list fields): _____

CERTIFICATE(S) (non-teaching) _____

I expect to complete degree/certificate requirements: Dec. _____ year Jan. _____ year May _____ year Summer _____ year

Are you planning to attend graduate school? Yes No

If "Yes," at what institution? _____

Date Candidate's Signature

In signing this form, I certify I have reviewed my Degree Audit and I understand that I will not graduate on the date checked unless ALL graduation requirements are met by the official end of that semester. Failure to do so will result in updating my graduation date to the term/year the incomplete work and/or this application are completed.
6066-3/12