

GRADUATION APPLICATION

Western Illinois University Bachelor of Arts in General Studies Degree Program

NAME	WIU ID number						
(As you wish it to appear on your diploma – please type or print clearly	y)						
CURRENT ADDRESS Street	City	State ZIP	•				
DVDV OVAL ADDDDGG	·						
DIPLOMA ADDRESS	mately 8 weeks after the c	lay of graduation.	_				
Daytime phone number	vtime phone number E-Mail Address						
Return this graduation application prior to the submission d The Graduation Application should not be submitted more th graduation. Deadline for having your name included in the graduation and October 15 for Fall Term. This application is for:	an two semesters befo	re your intended semester of					
☐ Spring (Due by November 15) ☐ Summer Year	(Due by April 15)	Fall (Due by Jul	y 15)				
Contact your advisor if you	have missed the publi	shed deadline.					
☐ I do not plan to participate in any commencement cere	mony.						
☐ I plan to participate in the following commencement co	eremony (choose one):						
☐ May in Macomb ☐ May Year			comb				
(Please Note: There is no Decem If your plans to participate change, plea			e .				
MINO List only minors you will complete. Please note that in order to e minor as stated in the WIU Undergraduate Catalog. Minors are r graduation, they will be <u>removed</u> to process this Graduation App	not required for the BG	S degree. If the minors listed below	w prevent				
1) 2)		3)					
Firefighters Only: Certification from either option will make Indicate below if you plan to earn either of FIRE ADMININISTRATION AND MAN FIRE PREVENTION TECHNOLOGY C	ertification. AGEMENT CONCE		_				
FOR OFFICE USE ONLY:	Added to: ACC	CESS DOCM					
PROCESS DATE: / /	ADVISOR:						
CEREMONY EXCEPTION DATE:	PRIVACY AC	T INVOKED					
GB C E Grad Info T A B Gru	ıp addu alt	addu M wM v	wnM				

COMPLETE DEPARTMENT NAMES AND NUMBERS AND COURSE TITLES MUST BE COMPLETED. CURRENT AND FUTURE WESTERN IL UNIV COURSES

(Do not include courses for which you have already received a grade.) Please provide complete name, number and course titles.

Term	Year	Department Name/Number	Course Title	Semester Hours	FOR OFFICE USE ONLY: WARD – STILL NEEDED
					120 Total Hrs 2.0 WIU GPA
					30 Hours WIU
					40 Hours 4Yr
				-	40 Hours UD
				_	16 Hrs WIU UD Math Competency
					Writing Req
					FL/GI
	RENT ution 1		COURSES AT OTHER INSTITUT	TIONS	Associates Degree Earned at
Term	Year	Department Name/Number	Course Title	Semester Hours	GEN ED DESCR GEN ED BASIC SKILLS IAI
					COMM
				_	MATH
					NAT SCI/MATH
				_	PHYS
					LIFE SCI SOC
T					SCIENCE
Instit	ution 2				HUMAN FINE /ART
Term	Year	Department	Course Title	Semester	HUMAN
1 (1111	1 cai	Name/Number	Course Title	Hours	WELL BE SOC
					BEH/SCI
					MULTI STUDIES
'					
					MET
			notifying the BGS Degree Program Office in I	Macomb of	WILL
			nation plan. Phone Number: 309/298-1929		MEET
E-Mail Address: BGS@wiu.edu FAX: 309/298-2226					NOT
					MET
					HONORS CODE:
		Signatui	* P		(0) NONE
		Signatui			(1) CL 3.60-3.74
					(2) MCL 3.75-3.89
Data					(3) SCL 3.90-4.00
Date		WIU 1	U#		MINORS:
This form cannot be processed without the above information and your signature.					
This form should be sent directly to:					
General Studies Degree Program, Horrabin Hall 6,					DELETE / DOLLOVED
Western Illinois University, 1 University Circle; Macomb, IL 61455-1390				DELETE / ROLLOVER	
					NEEDS: