Graduate Studies Application for Graduation
Carson-Newman University

Last Name _____**First Name**_____ Student Number _____

Name exactly how it should be printed on diploma _____

Applying for Graduation: ☐ May   ☐ May Term   ☐ July*   ☐ Dec   **YEAR:** _____

July graduates *Please indicate the ceremony in which you wish to participate* ____ *May*   or   ____*December*

Degree: ☐EDD ☐EDS ☐MA ☐MED ☐MAT ☐MBA ☐MSC ☐MSN   **Catalog Year**: _____

Program Title_____

Local Phone #: (_____) _____   **Cell Phone #**: (_____) _____

Local Mailing Address: *(if different than home/permanent address)*

_____
| Street   City   State   Zip

C-N Box # _____ **C-N Email** _____@_____._____
    Please check CN box and CN email regularly for communication regarding commencement

Hometown, State for Printing in Commencement Program: City _____State_____

Student Signature:	Date:
Advisor Signature:	Date:
Program Director Signature:	Date:
Registrar Signature:	Date:

INSTRUCTIONS:
   Deadline to submit Application for Graduation and Copy of Program Evaluation to Registrar is:
      September 1 for December graduation,
      December 1 for May graduation or
      March 1 for Summer graduation.

   • Any changes in course listings on degree plan must receive appropriate approval.

   • Satisfactory completion degree requirements including major/program courses, and standardized tests (if required for degree) which fulfill graduation requirement ultimately rests with the student.

Final Graduation Check: C-N Hours _____ C-N GPA_____ Cum Hours _____ Cum GPA _____
Date Graduation Verified and Approved _____ by _____