

**UNIVERSITY OF HAWAI‘I AT MĀNOA
APPLICATION FOR DEGREE / CERTIFICATE**

BODF

PLEASE PRINT CLEARLY

Name _____ UH Number _____ - _____
Family/Last First Middle

Phone: _____ Email: _____

Name (first middle last) in upper/lower case as it will appear on your diploma. Titles are to be excluded. Limit to 45 characters.

Important: Acceptable names will be determined by your name on record with the University. SAS – Name verified on STAR _____

DATE OF EXPECTED GRADUATION: [] FALL [] SPRING [] SUMMER YEAR: _____

Degree Sought-Circle One: ARCHD BARCH BA BFA BS B ED BBA BMUS BSW JD (Law)
 MD (Medicine) PCERT PDE

MAJOR: _____ COLLEGE: _____ Minor (If Applicable) _____
 (For B ED & PCERT, indicate your major as ELEMENTARY EDUCATION, SECONDARY EDUCATION or SPECIAL EDUCATION)

Hometown: _____
(Los Angeles, California; Lihue, Kauai; Seoul, Korea, etc)

Your name and hometown will be printed in the commencement program. Please initial ____ if you have requested non-disclosure and would like to have your name appear in the commencement program.

For summer applicants, indicate the commencement program in which you wish to have your name printed: SPRING FALL (circle one only)

Important (for Summer applicants only): If you have requested to have your name printed in the Spring Commencement Program and your application is received after the deadline for printing the Spring Commencement program, your name will appear in the Fall program.

Student Signature: _____ **Date:** _____

1. This application must be completed no later than three weeks after instruction begins during the semester of graduation and no later than June 1st for the Summer Session.
2. The fee for processing your graduation application is \$30.00.
3. The payment may be submitted to the Manoa Cashier’s Office, QLCSS 105 or online through MyUH Portal.
4. Any changes on this form should be reported immediately to Student Academic Services Office.
5. Diplomas will be available for pick-up ten weeks after graduation at Admissions and Records, QLCSS Room 010.

College Student Academic Services Signature: _____ **Date:** _____

**REQUEST TO MAIL DIPLOMA
(COMPLETE THIS SECTION ONLY IF DIPLOMA IS TO BE MAILED)**

Foreign Air Mail requires special handling—See Admissions & Records Office, QLCSS 010 (808-956-8010)

PLEASE PRINT CLEARLY

NAME: _____

MAILING ADDRESS: _____

Important: Address information provided will be used solely for the purpose of mailing your diploma. You may update your mailing address online on MyUH. You may also submit a written request to Admissions and Records to update your mailing and/or permanent address.

College SAS Use Only _____

A&R Use Only
 Banner Term: _____ SHADEGR: _____ Fee (BODF) _____
 SHADIPL: Name _____ Hometown _____ Mailing Address _____
 Inactivate next SGASTDN: _____ Init./Date: _____