

ALVERNIA

Office of the Registrar

GRADUATION APPLICATION

Name _____
Last First Middle Student ID #

Address _____
Street City State Zip Code

Is this a new address? Yes No When will it take effect? Now After graduation

Home Number (____) _____ Work Number (____) _____

- Degree:**
- Master in Business Administration
 - Master in Education
 - Master of Arts in Community Counseling
 - Master of Arts in Liberal Studies
 - Master of Science in Occupational Therapy

Anticipated Graduation Date:

December 20_____ May 20_____ August 20_____

Complete all **bold** items and return this form to the Upland Center room 136 before the deadline. **
All graduate students will receive written confirmation of the remaining courses required for degree completion.

All graduates are encouraged to participate in Commencement Exercises. Please Note: The graduation fee will be assessed directly to your student account.

On the line below, please neatly print or type your name **EXACTLY** as you wish it to appear on the diploma.

First Middle Last

Date Signature of Applicant

**Application Deadlines
December Graduation – March 1
May Graduation – October 1
August Graduation – December 1

Signature of Program Coordinator

Signature of Dean