



APPLICATION FOR GRADUATION GRADUATE PROGRAMS

DEGREE:

Please Fill-in, Print, and Sign. The last name printed on your diploma must be the same as your legal name.

Name: _____

STU ID#: _____

Permanent Address: (Where you want the diploma mailed)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

HM Phone: _____ WK Phone: _____ Alternate Email: _____

I plan to complete all degree requirements by: _____ / 20_____

☐ I **do** plan ☐ **do not** plan to participate in the Commencement Exercises on University campus.

☐ I **do** plan to participate in the Commencement Exercises at the _____ Center location.

If you plan to participate in Commencement, you must supply your Height (in inches) _____ and Weight _____

If you do not plan to participate, do you wish to receive information about announcements? ☐ YES ☐ NO

Graduation Fee: (Regardless of participation) is \$115

☐ Charge student account (Once charge shows up, you may go to ELION and make payment)

Student Signature

Date

Academic Approval for Graduation

Saint Leo University courses to be completed(prefix and number) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Candidate has/will have completed all requirements for a Masters degree when the above courses and other conditions have been met
for _____ conferral.

Fax completed form to: Business (352) 588-8585, Criminal Justice (352) 588-8660, Education (352) 588-8861, Social Work (352) 588-8289, or Theology (352) 588-8404.

Director Signature

Date

Date of Conferral

To Be Completed by Staff

Copy for Commencement/Center: Date _____ Center FAXed to: _____ Payment to TRANE: Date _____

Approved/Clearance delivered to Registrar: _____ Copy for Announcements: _____

(Rev. 10/2012)