



PETITION FOR GRADUATION

Student ID# _____ Date of Birth: _____ SS # _____

Student Name: **First** **Middle** **Last** **Suffix**

Address _____ Apt# _____

City _____ State _____ Zip Code _____

E-mail Address _____ Telephone Number _____

Note: Your name will appear on the diploma in the following order: first name, middle name or initial and last name, including suffix (if applicable) (**exactly as it is listed above**). This must conform to the official legal name of record at the time you graduate. Any name changes must be done by submitting proper documentation to the Registrar's Office.

Degree _____ Concentration (if applicable) _____

Please indicate the semester and year in which you intend to complete all requirements for graduation.

Fall 20 _____ Spring 20 _____ Summer 20 _____

Catalog Year: Entry Term (1stSemester) 20 _____ Exit Term (Last Semester) 20 _____

Will you attend the annual Commencement Ceremony in June/July? Check One: _____ Yes _____ No

I will not be attending ceremony and would like my diploma mailed to the following address (if different from above):

I understand the petition instructions. I am applying to complete all the requirements and graduate during the term indicated above. I understand that this petition does not guarantee completion of degree requirements or of graduation. I understand that if I do not meet requirements to graduate during the indicated term I must reapply for a later term.

Student's Signature

Date

Registrar's Signature

Date