

APPLICATION FOR DEGREE

▶ Name _____ FID # F _____
Last First Middle Initial

The diploma and all correspondence regarding this application will be mailed to the address listed below:

Phone (____) _____ local
 Phone (____) _____ permanent

▶ Name _____
 ▶ Street _____
 ▶ City _____ State _____ Zip Code _____ Email _____

PRINT your name exactly as you wish it to appear on your diploma.

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH DECLARED MAJOR AND MINOR.
 APPLICATIONS ARE NOT REQUIRED FOR CONCENTRATIONS WITHIN THE MAJOR.**

NOTE: If completion of degree entitles you to a **teaching certificate**, you must also complete a release form.

▶ This application is for: Primary Major
 Additional Major in _____ Title _____
 Minor

NOTE: If you have declared multiple majors, and are not eligible for concurrent degrees (see college catalog; Requirements for a Second Baccalaureate Degree), indicate the type of degree associated with your Primary Major.

ALL requirements must be completed by the last official day of the semester/session for degree conferral that semester. Check the appropriate semester/session below.

▶ **Degree** (check one for Primary Major ONLY)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> B.A. | <input type="checkbox"/> M.A. |
| <input type="checkbox"/> Mus. B. | <input type="checkbox"/> M.A.T. |
| <input type="checkbox"/> B.S. | <input type="checkbox"/> M.M. |
| <input type="checkbox"/> B.S. Educ. | <input type="checkbox"/> M.S. |
| <input type="checkbox"/> B.F.A. | <input type="checkbox"/> M.S. in Educ. |
| | <input type="checkbox"/> Advanced Cert. |

▶ I am applying for graduation for the: (check one)

- | | |
|--|------------|
| <input type="checkbox"/> Fall Semester (December) | _____ year |
| <input type="checkbox"/> J-Term Semester (January) | _____ year |
| <input type="checkbox"/> Spring Semester (May) | _____ year |
| <input type="checkbox"/> Summer Session (August) | _____ year |

RETURN APPLICATION TO THE OFFICE OF THE REGISTRAR – PLEASE DO NOT WRITE BELOW THIS LINE

Approved, pending successful completion of any current courses/minimum grades indicated below **(and subject to final review by the Registrar)**.

- All in progress** courses required.
 Not approved, for reasons listed below.

 Signature - Department Chairperson/School Director

_____/_____/_____
 Date