



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

APPLICATION FOR GRADUATION

Instructions to Applicant: Submit the completed form to the Graduate Office not later than the scheduled deadline for the Semester / Summer when you are expected to graduate.

Name of Student: _____ Student Number: _____

Degree Program: _____ Contact Number: _____

DEGREE(S) OBTAINED	SCHOOL(S) WHERE GRADUATED	YEAR OF GRADUATION

Permission for the Graduate Office to release your personal information:

- I am Authorizing the Graduate Office to release my personal information
- I am NOT Authorizing the Graduate Office to release my personal information

Signature over Printed Name

Endorsed by:

Recommending Approval:

Program/Thesis/Dissertation Adviser

Chair, Graduate Committee

Date: _____

Date: _____