Date: _____





Date: _____

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: $\hfill \square$ 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