

APPLICATION FOR GRADUATION-Undergraduate
Office of the Registrar
The University of Findlay

PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA

I.D. NUMBER

CAMPUS ADDRESS City State Zip Phone

PERMANENT ADDRESS City State Zip Phone

Please check appropriate blanks and fill in information as requested:

Have you applied for graduation before? _____ Yes _____ No

Degree: _____ Bachelor of Arts
_____ Bachelor of Science

Major (s): _____
:

Minor (s): _____
:

_____ Associate of Arts

Major (s): _____
:

Session and year in which I intend
to complete my graduation requirements is: _____
(List session and year)

I intend to participate in _____ graduation ceremonies.
(month) (year)

.....
This form should be filed only ONCE. The only time the application should be re-filed is if there is a change in graduation date. Any other changes should be made by submitting the change in writing to the Office of the Registrar. In addition to the original degree audit, the Office of the Registrar does a semi-final check of requirements approximately five weeks before graduation. You will be notified at that time of any problem you may still have with requirements.
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Certification:

I have read and understand the information contained on this application and the degree requirements outlined in the University catalog. To the best of my knowledge, I will have completed requirements for my intended degree by the date I have indicated above.

Student Date Faculty Advisor Date Verified

Office of the Registrar Date

Return completed form to the Office of the Registrar 1000 N Main St Findlay OH 45840 or fax to 419-434-4822
September 28, 2004