APPLICATION FOR GRADUATION-Undergraduate

Office of the Registrar, The University of Findlay

If you wish to have your name appear in the graduation program, this application must be on file in the Office of the Registrar one month prior to commencement exercises.

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): _____
: _____

Students who will be receiving a summer graduation conferral date will have their name appear in the spring graduation program. All other students will have their name appear in the graduation program in which they will be receiving their graduation conferral date.

Session and year in which I intend to complete my graduation requirements is:
Spring (Year) _____ Summer (Year) _____ Fall (Year) _____

Students are permitted to participate in commencement exercises if they are within two courses of completing their degree requirements.

I intend to participate in commencement exercises. _____ Yes _____ No
If yes, Spring (Year) _____ OR Fall (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.

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 419-434-5565

7/31/2009