

PharmD Application for Graduation

Name _____ Student ID# _____
Print, exactly how you want it to appear on your diploma.

Permanent Address _____
(Where to send diploma) Street City State Zip Phone

Local Address _____
Street City State Zip Phone

Please mark one of the following:

____ Started at The University of Findlay right out of high school

____ Transferred into The University of Findlay

Session and year in which I intend to complete my graduation requirements is:

Spring (Year) _____

Fall (Year) _____

Summer (Year) _____

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

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

Student Signature Date

Academic Adviser Signature Date

Office of the Registrar Signature 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