



Doctor of Physical Therapy Application for Graduation

Name _____ Student ID# _____

Print, exactly how you want it to appear on your diploma. If your name changes you must contact the Registrar's Office otherwise diploma will be printed as written above.

Address to mail diploma – will be mailed approximately one month after conferral date:

Street	City	State	Zip	Phone
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Session and year in which I intend to complete my graduation requirements is:

Spring (Year) _____

Fall (Year) _____

Summer (Year) _____

I intend to participate in Spring graduation ceremonies: _____ Yes _____ No

If Yes please state year intending to participate: _____

There is only one graduation ceremony that is held every year in Spring.

- If you are finishing your degree requirements in Summer you may participate in the ceremony prior to Summer or wait until the next ceremony the following Spring.
- If you are finishing your degree requirements in December you may participate in the next ceremony held in Spring.
- You may not postpone your graduation ceremony. If you choose not to walk in the Spring ceremony closest to your conferral date you may not participate in a future ceremony.

A copy of this form and a current copy of your degree audit will be emailed to your UF email address.

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

Student Signature

Date

Program Director/College Dean 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.