

## **Application for Graduation - Undergraduate**

SCHNIG STATE OF THE STATE OF TH	NameStudent ID#			
FINDLE	Print, <u>exactly</u> 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	<b>diploma</b> – will be mailed appro	oximately one month aft	er conferral date:	
Street	City	State	Zip	Phone
Degree: Bach	elor of Arts elor of Science			
Major (s):				
Minor (s):				
Asso Major (s):	ciate of Arts			
I intend to partice If Yes pl There is only one	Year)Summer (Year)Summer (Year)Summer (Year) are finishing your degree ceremony prior to Summer or will you are finishing your degree ceremony held in Spring.	nonies:Ye icipate:eld every year in Spring. requirements in Summe ait until the next ceremo requirements in Decemb	er you may participate ony the following Suber you may participate ou choose not to wa	pring. pate in the next  lk in the Spring
A copy of this fo	rm and a current copy of your darkenston contained on this appliest of my knowledge, I will ha	legree audit will be emai	iled to your UF ema	nil address. ned in the Undergraduate
Student Signatur	e	_	Date	
Academic Advis		_	Date	
Office of the Reg	gistrar Signature	_	Date	

Return completed form to the Office of the Registrar, 1000 N Main St, Findlay, OH, 45840, or fax to 419-434-5565.