

# Application for Graduation and Diploma Order Form

(must be completed and submitted to the Registrar's office by the end of the **third** week of the quarter you expect to graduate)

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_  
(Please list your address accurately and notify us of any later change.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email address \_\_\_\_\_

## **Graduation Date:**

- Summer - Sept. 17, 2011       Winter - March 17, 2012  
 Fall - Dec. 17, 2011       Spring - June 16, 2012

**Degree:** BA    MA    MS    PsyD    (please circle one)

Program: \_\_\_\_\_

Clearly print your name **exactly** as you would like it to appear on your diploma.

**Name:** \_\_\_\_\_

The Commencement ceremony occurs annually in June. By completion this form, you will receive notification of the details during April/May of 2012.

Did you receive Financial Aid while you attended?    Yes or No    (please circle one)

Student's Signature \_\_\_\_\_ date \_\_\_\_\_

My signature on this form indicates that I have checked my credit report to make sure there are no credits missing or, if there are, that I have contacted the Registrar's office to find out why. Also, I understand if I do not complete my learning activities by the end of the quarter, or have not been granted credit for a course (NO In-Progress allowed), I will have to enroll an additional quarter to complete my work, pay the Enrollment Maintenance Fee and graduate the following quarter.

Adviser's Signature \_\_\_\_\_ date \_\_\_\_\_

I attest that this student has completed or will be able to complete all of the required coursework, as detailed in their plan of study, by the quarter indicated above. Therefore, I recommend this student for graduation.

For Students in the Psy.D. program only: I attest that this student has completed all requirements for the degree as specified on the student's Plan of Study.

## **For Enrollment Services use only**

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Student Accounts signature \_\_\_\_\_ Date \_\_\_\_\_

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Financial Aid Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

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Registrar's Office signature \_\_\_\_\_ Date \_\_\_\_\_

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