

B.G.S.

GRADUATION APPLICATION

Application **DEADLINES**:
 December completion: September 1
 May completion: February 1
 August completion: February 1
Commencement for December, May and August graduates will be held in May each year.

Please *clearly* print your name as you want it to appear on your diploma:

NAME _____
 First **Middle** **Last**

Is this different from official University records? YES NO NOT SURE

Please list former names under which you have been enrolled:

UNIVERSITY ID # _____ (enter 10-digit i.d. number beginning with 000)

ADDRESS **Street** _____
 City _____ **State** _____ **Zip** _____

PHONES **Day** () _____ **Evening** () _____
 Cell () _____ **E-MAIL** _____

AREA OF CONCENTRATION

ARTS & HUMANITIES SCIENCE & MATH SOCIAL & BEHAVIORAL

HAVE YOU EARNED ANY MINORS AND/OR CERTIFICATES?: YES NO

IF YES, you must declare your intention with the respective academic department(s), if you have not already done so. Please list minor(s) and/or certificate(s) below:

DATE YOU WILL COMPLETE ALL DEGREE REQUIREMENTS (*Please enter YEAR*)

December May August

LIST CREDITS, OTHER THAN IUSB COURSES, YOU PLAN TO TAKE TO COMPLETE YOUR DEGREE:

Completion of the following credits does not guarantee you will be eligible to graduate. It is *strongly advised* that you meet with an academic advisor *prior to your final semester* to ensure that you've met or accounted for all degree requirements. *Certification for graduation will not take place until all of your final grades have been posted to your transcript.* Remaining credits must be posted to your transcript no later than the end of the semester.

DEPT	COURSE	CREDITS	METHOD
			<input type="checkbox"/> SCS Independent Study Program <input type="checkbox"/> Transfer from: _____ <input type="checkbox"/> DANTES <input type="checkbox"/> Other: _____
			<input type="checkbox"/> SCS Independent Study Program <input type="checkbox"/> Transfer from: _____ <input type="checkbox"/> DANTES <input type="checkbox"/> Other: _____
			<input type="checkbox"/> SCS Independent Study Program <input type="checkbox"/> Transfer from: _____ <input type="checkbox"/> DANTES <input type="checkbox"/> Other: _____
			<input type="checkbox"/> SCS Independent Study Program <input type="checkbox"/> Transfer from: _____ <input type="checkbox"/> DANTES <input type="checkbox"/> Other: _____

I understand that I am responsible for the information listed here. I will notify the General Studies Department of any changes.

Signature _____

Date _____