A.A.G.S.
GRADUATION APPLICATION

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

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.

NAME _____
First **Middle** **Last**
Please list former names under which you have been enrolled:
_____

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

Please be certain your current *home address*, *e-mail address(es)*, and *telephone number(s)* are posted to your OneStart account.

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
			☐ SCS Independent Study Program ☐ Transfer from: _____ ☐ DANTES ☐ Other: _____
			☐ SCS Independent Study Program ☐ Transfer from: _____ ☐ DANTES ☐ Other: _____
			☐ SCS Independent Study Program ☐ Transfer from: _____ ☐ DANTES ☐ Other: _____

DO YOU INTEND TO PURSUE THE BACHELOR OF GENERAL STUDIES (B.G.S.)?
❑ **YES** ❑ **NO**

IF YES, PLEASE INDICATE YOUR *AREA OF CONCENTRATION*:
❑ **ARTS & HUMANITIES** ❑ **SCIENCE & MATHEMATICS** ❑ **SOCIAL & BEHAVIORAL SCIENCES**

IF NO, DO YOU PLAN TO CONTINUE AT IU SOUTH BEND TO PURSUE ANOTHER DEGREE?
❑ **NO** ❑ **YES, in:** _____

Please note: you must file separate graduation applications with the respective departments for each degree and/or certificate you will be receiving.

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

_____
Signature **Date**

Return to:
General Studies Degree Program, DW 2216, IU South Bend, PO Box 7111, South Bend, IN 46634-7111