

B.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.

AREA OF CONCENTRATION:
 ARTS & HUMANITIES SCIENCE & MATH SOCIAL & BEHAVIORAL

HAVE YOU EARNED ANY MINORS?: YES NO *(if no minors are indicated, we will assume you have none)*
IF YES, you must declare your minor with the respective academic department(s), if you have not already done so. Please list minor(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: _____

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 Department of any changes.

Signature _____ Date _____

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