COLLEGE OF LIBERAL ARTS AND SCIENCES
GRADUATION APPLICATION

☐ DECEMBER (completing credits in fall semester)
☐ MAY (completing credits in spring semester)
☐ AUGUST (completing credits in summer semester)

Year: __________

Student ID: __________________________ Date of Application: __________________

Be sure your current home address, e-mail address(es), and telephone number(s) are posted to your OneStart account.

1. PLEASE CLEARLY PRINT your name AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA

NAME: ________________________________________________________________________________________
First                                Middle              Last

ADDRESS:
________________________________________________________________________________________
________________________________________________________________________________________
Street

City                                                                State                                Zip Code

HOME PHONE: ____________________________  E-MAIL: (campus) _______________________________
CELL PHONE: _____________________________  E-MAIL: (other) _______________________________

2. FILL IN APPROPRIATE DEGREE(S)

Bachelor of Arts Degree (B.A.), Major: _____________________________________________________________

Bachelor of Science Degree (B.S.), Major: ___________________________________________________________

Bachelor of General Studies Degree (B.G.S.), Concentration: _______________________________________

List all Minor(s): ___________________________________________________________________________

List all Certificate(s): _______________________________________________________________________

3. ATTACH ALL that apply (your application must be complete, including attachments, before submission):
   ☐ Major department academic record(s), signed and dated by faculty advisor.
   ☐ Minor department academic record(s), signed and dated by faculty advisor.
   ☐ Certificate academic record(s), signed and dated by faculty advisor.
   ☐ Grade Replacement Application for repeated courses (maximum of 3 courses totaling no more than 10 credits)

Application DEADLINES
December completion: March 1
May and August completion: October 1

Commencement for December, May, and August graduates is held in May each year.

Application Update: March, 2015

Complete page 2
4. **DEFICIENCIES IN IU SOUTH BEND GENERAL EDUCATION OR COLLEGE (CLAS) REQUIREMENTS:**

In consultation with your academic advisor, note known deficiencies in general education and additional college requirements, and any outstanding exceptions appeals.

| NOTE: |
| CLAS BACHELOR DEGREE REQUIREMENTS ALWAYS INCLUDE: |
| - A minimum of 120 total credit hours |
| - A minimum of 30 credit hours in 300-400 level courses |
| - A minimum of C- in all major & minor courses (BIOL requires C) |
| - A minimum cumulative gpa of 2.0 in program, major, and minor |
| CLAS COLLEGE REQUIREMENTS MAY INCLUDE: |
| - Language Study |
| - Junior/Senior-Level Writing |
| - Additional 5cr Science/Lab |
| - Culture course requirement(s) |

_________________________  ______________________
Signature of Student      Date

5. **FINAL SEMESTER(S) PLAN***:

Indicate enrollment plan for completing remaining degree requirements in your final spring, fall semester, or summer session(s).

| Semester ________ | Semester ________ | Other (transfer, exam, etc.) |
| Course __________ | Course __________ | Course __________ |
| Course __________ | Course __________ | Course __________ |
| Course __________ | Course __________ | Course __________ |
| Course __________ | Course __________ | Course __________ |
| Course __________ | Course __________ | Course __________ |

*NOTE: This does not constitute a contract.

Graduation is subject to verification and completion of all degree requirements.

6. Please read and initial each:

_____ I am submitting all required documentation with my application.

_____ I understand that I am responsible for the information provided here.

_____ I will update my Graduation Application with any changes in personal information or degree completion plans. Come to CLAS Student Services (DW3300B) to make changes.

_____ I will monitor my university e-mail for information regarding graduation and commencement.

Signature of Student  Date

**Return application to:**
IU South Bend College of Liberal Arts and Sciences
Office of Student Services, DW 3300B
South Bend, IN 46634-7111
Fax: 574-520-4538

Student will receive a degree summary of requirement completions and deficiencies following receipt of this application.