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: ______________________

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

NAME: ____________________________________________________________________________

First                                Middle              Last
PRIOR NAME(S): ____________________________________________________________________

CONTACT INFORMATION:
(NOTE: Correspondence from the CLAS Student Services office will go to the address listed unless you change it with our office; this does not change your information in One.IU)

___________________________________________________________________________________          _______________________________________
Street                    University E-mail (Primary: office correspondence)

___________________________________________________________________________________          _______________________________________
City                                     State                                Zip                              Other E-mail (Secondary)

___________________________________________________________________________________          _______________________________________
Primary Phone: ☐ Home ☐ Cell               Secondary Phone ☐ Home ☐ Cell

2. FILL IN APPROPRIATE DEGREE(S)

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

English Majors: ☐ Literature Concentration  ☐ Writing Concentration

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: June, 2016
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 exception appeals.

<table>
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<tr>
<th>CLAS BACHELOR DEGREE REQUIREMENTS ALWAYS INCLUDE:</th>
<th>CLAS COLLEGE REQUIREMENTS MAY INCLUDE:</th>
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<tbody>
<tr>
<td>- A minimum of 120 total credit hours</td>
<td>- World Language Study</td>
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<td>- A minimum of 30 credit hours in 300-400 level courses</td>
<td>- Junior/Senior-Level Writing</td>
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<td>- A minimum of C- in all major &amp; minor courses (BIOL requires C)</td>
<td>- Additional 5cr Science/Lab</td>
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<td>- A minimum cumulative gpa of 2.0 in program, major, and minor</td>
<td>- Culture course requirement(s)</td>
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5. **FINAL SEMESTER(S) PLAN**: Indicate plan for completing remaining degree requirements in your final spring, fall, and/or summer semester(s).

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<th>Semester:</th>
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<th>Other (transfer, exam, etc.)</th>
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NOTE: This does not constitute a contract. Graduation is subject to verification & completion of all degree requirements. All grades and credits, including transfer credits, must be posted to your transcript no later than the date semester grades are official.

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.