



OFFICE OF THE REGISTRAR
 640 Dr. Mary McLeod Bethune Blvd.
 Daytona Beach, FL 32114-3009

DEGREE APPLICATION FOR GRADUATION

Print or type your name the way it will appear on your Diploma:

Student must submit Degree Application Form to the Office of the Registrar and request an appointment for an Audit .

*Note: Application is good only for dates indicated below. Should dates change, you must **reapply!!!** You must clear all financial obligations in order to participate in commencement.*

Name: _____ SS#: XXX-XX-_____
First name Middle Last

Student ID #: _____ Phone # _____ E-Mail _____

Indicate your **Residing Address**. University will send your diploma to this address. Diplomas will be mailed 10 to 12 weeks after commencement. Address is to be in the continental U.S. or there will be an extra charge for mailing. Returned diplomas will be charged a mailing fee.

TYPE OF DEGREE APPLYING FOR

BA BS MS MAJOR _____
 MINOR (if applicable) _____

Requirements to be completed for (select only one) Fall SPR SU YEAR _____

DEGREE TO BE AWARDED Spring _____

REVERSE SIDE OF FORM TO BE COMPLETED BY YOUR ADVISOR. REQUIRED SIGNATURES ARE YOUR RESPONSIBILITY.

Application good only for the date indicated on the front side of this document. Should **graduation date** change, you **MUST** reapply!

All graduating students must enroll in GRAD 450AO (undergraduates) and GRAD 650 AO (graduate studies)

TO BE COMPLETED BY ADVISOR:

Seniors eligibility for graduation is under the curriculum guide of the _____ catalog. (Year)

List course requirements, transfer work, and name of college/university to be satisfied in the following semester(s). If course is elective, specify free elective.

NOTE: Please indicate if all requirements have been met.

Comments _____

Please list term student will take course

Course number _____ Course Title _____

Course number _____ Course Title _____

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Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Course number _____ Course Title _____

Student Signature _____ *Date* _____

Advisor (Print) _____ *(Sign)* _____ *Date* _____

Department Head (Print) _____ *(Sign)* _____ *Date* _____

Dean (Print) _____ *(Sign)* _____ *Date* _____

Original copy to Registrar's Office

Student is responsible for copies going to the above named staff.