



UNDERGRADUATE DEGREE APPLICATION

Deadline for Submission is the *Second Friday in September*

FOR THE SCHOOLS OF ARTS & SCIENCES, BUSINESS, and LEADERSHIP STUDIES: *Submission of this form starts the degree audit process. Your degree audit package will be mailed to the local or campus address listed below. You are responsible for the completion and final submission of the degree audit package to the Office of the Registrar.* **FOR THE SCHOOL OF PROFESSIONAL AND CONTINUING STUDIES:** *Contact your advisor if you have questions regarding the degree audit process.*

TYPE DIRECTLY ONTO THE FORM, THEN PRINT AND SIGN IT. RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE

Name: _____ ID Number: _____
(LAST) (FIRST) (MIDDLE)

Current
EMAIL ADDRESS: _____ PHONE: _____
CAMPUS OR LOCAL MAILING ADDRESS: _____
CITY, STATE, ZIP: _____

Address and telephone where you can be reached after graduation
ADDRESS: _____ PHONE: _____

Home School: Arts & Sciences Business Leadership Professional & Continuing Studies (SPCS)
Degree Seeking - Bachelor of: Arts Science Science in Business Administration
 Science in Professional Studies (SPCS only) Arts in Liberal Arts (SPCS only)
Applied Studies (SPCS only) Liberal Arts (SPCS only)
Associate in: Applied Studies (SPCS only) Liberal Arts (SPCS only)

SPCS Certificate in: _____

Intended Date of Degree Conferral: December May August Year: 20____
(If your degree is not conferred on the date you state above, you MUST notify the Office of the University Registrar of your intentions for graduation and submit another degree application for future completion of degree requirements.)

Intended Degree Curriculum (a minimum of one major must be completed for a degree with the exception of University Scholars):

MAJORS	CONCENTRATIONS (must correspond with Major)	MINORS
1.		1.
2.		2.
3.		3.
4.		4.

Diploma Name — *This is exactly how your name will appear on your diploma and in the graduation program. Print clearly and carefully. Include accents, spaces, capitalization, and applicable suffixes.*

<i>First</i>	<i>Middle</i>	<i>Last</i>

Hometown - *This will appear in the commencement program only.*

<i>City</i>	<i>State or Country if not in the United States</i>

By signing and submitting this form, I acknowledge: my name may be released for graduation related publications and activities, my initiation of the degree audit process, and my full responsibility in submitting additional documentation as required.

Signature: _____ Date: _____