University of West Florida **Office of the Registrar – (850) 474-2245**

APPLICATION FOR GRADUATION

Bachelor's, Master's, and Specialist Degrees

INSTRUCTIONS:

1. Prospective graduates must submit this application during the first week of classes of the semester prior to the semester of anticipated graduation.
2. The application must be signed by the student, submitted to the major department, reviewed and signed by the academic advisor or department chair, and forwarded immediately to the Office of the Registrar. *Do not submit the Application for Graduation directly to the Registrar's Office without the approval of your advisor or department chair.*
3. Students with dual majors must submit a separate application for each major.
4. Applications for minor completion can be found at the graduation section of the Registrar's Office website and should be submitted to the minor department for approval.

	Fall	**Spring**	**Summer**	**20_____**

UWF I.D. Number

Anticipated Graduation Semester (circle one) & Year

NAME: TYPE OR PRINT YOUR NAME **EXACTLY** AS YOU WISH IT TO APPEAR ON THE DIPLOMA, CLEARLY INDICATING SPACING, PUNCTUATION, AND CAPITALIZATION.

FIRST:

MIDDLE:

MAIDEN (OPTIONAL):

LAST:

SUFFIX (OPTIONAL): (JR., SR., III, IV, ETC.)

Privacy Act: *Your name will not appear in the Commencement Program or media release if you have placed a restriction on your name through the "Request to Prevent Disclosure of Directory Information". You may update this information via the "Privacy Information" link in Argus.*

DIPLOMA MAILING ADDRESS – DO NOT LEAVE BLANK. This is the address to which your diploma will be mailed. Contact the Graduation Coordinator in the Office of the Registrar if your address changes after you have submitted this application. If you desire to change your current or permanent address, please contact the Registrar's Office.

Street/Box No._____

_____

City State Zip Code Country (if other than U.S.)

UWF DEGREE TO BE AWARDED: Indicate only one degree per application. Doctoral students must complete the Doctoral Application for Graduation available at the graduation section of the Registrar's Office website.

☐ Bachelor's ☐ Master's ☐ Specialist

Major/Specialization:_____

I understand that should my graduation be delayed, I must reapply for graduation, and notifications and correspondence from the University pertaining to graduation will be conducted through my UWF student email account.

STUDENT'S SIGNATURE:_____ DATE:_____

SECONDARY EMAIL*:_____ PHONE NUMBER:_____

**Only to be utilized in exceptional circumstances. All graduation correspondence will be primarily conducted through the UWF student email account.*

DEPARTMENTAL RECOMMENDATION:

I have reviewed this student's application and record and recommend that the student be placed on the list of prospective graduates for the degree and major/specialization indicated. Final certification will be determined after receipt of final grades and test scores.

ADVISOR/DEPARTMENT CHAIR SIGNATURE:_____ DATE:_____

Upon completion, the department should immediately forward the application to the Office of the Registrar.

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