University of West Florida **Office of the Registrar – (805) 474-2245**

DOCTORAL Application for Graduation

Prospective graduates must submit this application to the Graduate Studies Office of the College of Professional Studies no later than the end of the first week of classes of the semester of graduation. The application must be signed by the student, reviewed and signed by the academic advisor or Department Chairperson, and Associate Dean of the College of Professional Studies.

	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 US)

DISSERTATION TITLE: _____

(Exactly as it is to appear on the transcript)

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/COLLEGE RECOMMENDATION:

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

Required Signatures:

ADVISOR/DEPARTMENT CHAIR SIGNATURE: _____ DATE: _____

ASSOC DEAN, COLLEGE OF PROF STUDIES: _____ DATE:_____

Upon completion, the College of Professional Studies should forward the application to the Office of the Registrar

Rev. 0112