

APPLICATION FOR GRADUATION

Bachelor's, Master's, and Specialist Degrees

Prospective graduates must submit this application during the first week of classes of the semester prior to the semester of anticipated graduation. 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. Students with dual majors must submit an application for each major. Obtain applications for minors in the department offering the selected minor.

Fall	Spring	Summer	20__
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UWF I.D. NUMBER _____

Anticipated Graduation Semester & 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):

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(JR., SR., III, IV, ETC.)

DIPLOMA MAILING ADDRESS - DO NOT LEAVE BLANK. This is the address to which your diploma will be mailed. Contact the Graduation Section 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. Contact minor department for "Completion of Minor" forms. Doctoral students must complete the "Doctoral Application for Graduation" available in the College of Professional Studies.

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 student e-mail account.

STUDENT SIGNATURE: _____ DATE: _____

Phone Number: _____

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.