

APPLICATION FOR DEGREE

▶ Name _____
Last First Middle

▶ Phone (_____) _____ FID # F _____
local

▶ Phone (_____) _____
permanent

The diploma and all correspondence regarding this application will be mailed to the address listed below:

▶ Name _____

▶ Street _____

▶ City _____ State _____ Zip Code _____ Email _____

PRINT your name exactly as you wish it to appear on your diploma.

▶ Primary Major _____

Additional Major _____

Additional Major _____

Minor _____

Minor _____

Minor _____

NOTE: If you have declared multiple majors, and are not eligible for concurrent degrees (see college catalog; Requirements for a Second Baccalaureate Degree), indicate the type of degree associated with your Primary Major.

▶ **Degree** (check one for Primary Major ONLY)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> B.A. | <input type="checkbox"/> M.A. |
| <input type="checkbox"/> Mus. B. | <input type="checkbox"/> M.A.T. |
| <input type="checkbox"/> B.S. | <input type="checkbox"/> M.M. |
| <input type="checkbox"/> B.S. Educ. | <input type="checkbox"/> M.S. |
| <input type="checkbox"/> B.F.A. | <input type="checkbox"/> M.S. in Educ. |
| | <input type="checkbox"/> Advanced Cert. |

ALL requirements must be completed by the last official day of the semester/session for degree conferral that semester. Check the appropriate semester/session below.

▶ I am applying for graduation for the: (check one)

- Fall Semester (December) _____
year
- J-Term Semester (January) _____
year
- Spring Semester (May) _____
year
- Summer Session (August) _____
year