

## APPLICATION FOR GRADUATION

Applications to graduate must be filled out completely and signed by the student and the student's Academic Advisor. This form must be submitted in person or through mail or email to the Registrar at least 12 weeks prior to the semester's scheduled commencement ceremony (see academic calendar).

| Name                      |   | Student ID#              |
|---------------------------|---|--------------------------|
| Email                     | Hometown                                    |                          |
|                           |   | City and State           |
| PRINT NAME EXACTLY AS YOU | WANT IT TO APPEAR ON YOUR DIPLO             | OMA - LEGAL NAMES ONLY   |
| First Name                | Middle Name                                 | Last Name                |
| GRADUATION & DEGREE       | Graduation Date                             | Semester and Year        |
| Degree Program            | For example: Bachelor of Arts               |                          |
| Major (+ Concentration)   |   |                          |
| , , , <u></u>             | For example: Biblical Studies with Pastora  | al Ministry              |
| Second Concentration      | ng a Double Major in Biblical Studies or in | Rusiness Administration) |
|                           |   | Dusiness Administration) |
| Second Major              | (If pursuing a Cross-Disciplinary Double    | e Major)                 |
|                           |   |                          |
| Student Signature         |   | Date                     |
| Advisor Signature         |   | Data                     |