GLENVILLE STATE

APPLICATION FOR GRADUATION & DIPLOMA

(RO – 8/05)

Name _____ Date _____

Address _____ ID# _____

_____ E-mail _____

Phone _____

Print your name as you wish for it to appear on your diploma.

First Name Middle Name Last Name

I expect to complete all the requirements for the following degree:

- ☐ Bachelor of Arts
- ☐ Bachelor of Science
- ☐ Bachelor of Science Business Administration
- ☐ Bachelor of Science Nursing
- ☐ Bachelor of Arts Education
- ☐ Regents Bachelor of Arts
- ☐ Associate of Arts
- ☐ Associate of Science

Major _____ Major _____

Concentration _____ Concentration _____

Minor _____ Minor _____

by (check one): ☐ May ☐ Summer ☐ December, 20_____, and hereby apply for graduation.

If you are currently enrolled as a transient student at another school, please complete the following:

_____ _____

School Name Total Hours Enrolled

If, for ANY reason, you fail to qualify for graduation on the specified date, but expect to meet requirements for a future date, YOU MUST REFILE YOUR APPLICATION—applications are <u>NOT</u> held over.

_____

Student's Signature Date

Return this form to:

Registrar's Office
Glenville State College
200 High Street
Glenville, WV 26351
Fax: 1-304-462-8619