

RETURN TO REGISTRAR

CURRENT STATUS (CHECK ONE)

- Undergraduate Student Graduate Student
 Reapplying (Check the appropriate box above)



APPLICATION FOR GRADUATION

DATE _____

I am applying for Graduation:

(CHECK ONE OF THE FOLLOWING)

FALL 20 _____

SPRING 20 _____

SUMMER 20 _____

PLEASE PRINT OR TYPE

NAME _____
(Last Name) (First) (Middle)

DATE OF BIRTH ____/____/____

PHONE (Day Time) _____

STUDENT ID # _____

MAJOR _____

DEGREE _____

PRINT YOUR NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA _____
(First) (Middle) (Last Name)

PREVIOUS DEGREES EARNED

UNDERGRADUATE DEGREE(S) _____
Degree Earned Name of School City, State

OTHER DEGREE(S) _____
Degree Earned Name of School City, State

Did you transfer to UDC from Another School? Yes No