

[] \$80 Graduation Fee Enclosed Init. _____ Date _____ Pd:(circle one) cc cash check # _____

R.O. Date mailed: _____ (initials) _____ [] dipl w/cover [] dipl w/out cover [] trans. _____ bal _____ holds

Graduation Application – Antioch University Midwest

I am currently enrolled in the program listed below and would like Antioch University Midwest to initiate the process for my program completion. **Please check the appropriate box.**

SCHOOL OF LIBERAL AND PROFESSIONAL STUDIES

Bachelor of Arts-Undergraduate

- Creative Writing
- Early Childhood Education
- Health & Wellness
- Human Services Admin
- Humanities
- Management
- Sustainability

Master of Arts - Graduate

- Conflict Analysis & Resolution
- Management & Leading Change
- Individualized Studies

SCHOOL OF EDUCATION

Master of Education –Graduate

- Early Childhood Education
- Middle Childhood Education
- Adolescent/Young Adult Education
- Intervention Specialist
- Educational Leadership/Ohio
Principal Licensure

Semester of program completion (circle one): SU FA SP Year: 20 _____

PRINT name EXACTLY as it is to appear on your diploma:

First _____ Middle _____ Last _____ Suffix _____

Daytime phone: _____ Student ID #: _____

Personal Email: _____

(other than school affiliated email)

Address to which diploma should be mailed:

Number and street name _____

City _____ State _____ Zip+4 _____ Country _____

Do you plan to attend the 2016 commencement ceremony on Sunday, May 1, 2016? [] Yes [] No

If you plan to attend commencement you must RSVP yes or no and complete the participation form at the following web address by March 10, 2016:

<http://www.antiochmidwest.edu/academics/office-of-the-registrar/commencement/>

NOTE: By signing this form, I give consent for Antioch University to use my likeness for purposes of advertising, publicizing or marketing. (check one): [] Yes [] No

Student Signature: _____ **Date:** _____

CHECK ONE OPTION: I will pay my \$80 graduation fee with: _____ cash, _____ check,
or _____ credit card (choose one): [] VISA [] MASTERCARD [] DISCOVER

Name as it appears on credit card: _____

Credit Card Number: _____ **CV Code** _____ **Expires:** _____

Completed application must be submitted along with the fee of \$80 to the Registrar's Office. **Submit this form at least six weeks prior to the end of the semester.** No student will be permitted to graduate or receive a transcript if they have an outstanding balance with Antioch Midwest. Questions? Call 937 769-1821. **This application may be completed online <http://www.antiochmidwest.edu/academics/office-of-the-registrar/commencement/graduation-application/> or downloaded and faxed with credit card payment to our secure fax at: 937-769-1804, or mailed with \$80 fee to Antioch University Midwest Registrar's Office, 900 Dayton Street, Yellow Springs, OH 45387**

