

# Application for Graduation and Diploma Order Form

must be completed and submitted to the Registrar's office by the following dates:

**Summer: July 21, 2017**    **Winter: January 19, 2018**

**Fall: October 20, 2017**    **Spring: April 20, 2018**



Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

(Please list your post-graduation address accurately and notify us of any later change.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Graduation Date:

Summer – Sept. 16, 2017

Winter – March 17, 2018

Fall – Dec. 16, 2017

Spring – June 16, 2018

**Please attach a signed Academic Credit History (available on AUView) with this application.**

Degree:    BA    MA    MS    PsyD (please circle one)

Program: \_\_\_\_\_

Clearly print your name exactly as you would like it to appear on your diploma.

Name: \_\_\_\_\_

The Commencement ceremony occurs annually in June. Do you wish to participate?    Yes    or    No (please circle one)

Did you receive Financial Aid (federal student loans) while you attended?    Yes    or    No (please circle one)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature on this form indicates that I have checked my credit report to make sure there are no credits missing or, if there are, that I have contacted the Registrar's office to find out why. Also, I understand if I do not complete my learning activities by the end of the quarter, or have not been granted credit for a course (NO In-Progress allowed), I will have to enroll an additional quarter to complete my work, pay the Enrollment Maintenance Fee and graduate the following quarter.

Adviser: Please complete before signing: Total number of credits required for degree \_\_\_\_\_

Adviser's Signature \_\_\_\_\_ Date \_\_\_\_\_

I attest that this student has completed or will be able to complete all of the required coursework, as detailed in their plan of study, by the quarter indicated above. Therefore, I recommend this student for graduation. For students in the Psy.D. program only: I attest that this student has completed all requirements for the degree as specified on the student's Plan of Study.

## For Integrated Student Services use only

\_\_\_\_\_  
Student Accounts signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Adviser signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Registrar's Office signature \_\_\_\_\_ Date \_\_\_\_\_