

Application for Advantage Bachelor Graduates

Please return this form to the Registrar's Office for proper ordering of your diploma. This application must be completed in order to receive your degree regardless of whether you plan to participate in commencement ceremonies. Application must be received by **October 1** for fall or **March 1** for spring graduations and accounts will be charged a graduation fee of **\$60**. If applications are received after these dates, **there will be a \$25 late fee**. Any applications received after **November 1** for fall or **April 1** for spring will be subjected to an additional **\$15 shipping and handling fee for the cap and gown**. If you have not met all requirements by the graduation date for which you have applied, your diploma will have to be re-ordered with the proper date and an additional **\$25.00 charge** will be applied to your account. When all requirements have been met, you must reapply for your diploma to be ordered. Diplomas are re-ordered **only** at the end of the next term or semester. **It will take 10 – 12 weeks to receive your diploma.**

PLEASE PRINT LEGIBLY

Name (As you want it printed on diploma): _____

Legal Name: _____

Home Address: _____
Street City State Zip

Home Ph #: _____ Work Ph #: _____ E-mail: _____

Term You Plan to Graduate (please check one): Spring _____ Fall _____ Year _____

Group/Site Name & Number: _____ Number of Hours Needed: _____

Are you going to participate in the commencement ceremony? Yes _____ No _____

Plan for Completion _____

In order to participate in commencement ceremony you must be within six (6) hours of degree completion.

Cap & Gown: HT: _____ WT: _____ (This information MUST be given to order cap and gown!)

Bachelor Degree Applying for (Please Circle One): Bachelor of Arts Bachelor of Science

Major 1: _____ Major 2: _____

Minor 1: _____ Minor 2: _____

Newspaper Information:

YES! Please send my graduation information to area newspapers.

NO. Please do NOT send my graduation information to area newspapers.

Please send graduation information to:

Name of Newspaper Street City State Zip

*By signing this form, I have read the above information, and I agree to abide by the procedures stated.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Official Use Only:

Updated 4/16/09

Entered _____ Cap & Gown Ordered _____ Diploma Order _____ Grad Fee _____