

# APPLICATION FOR DEGREE

Please return to the Registrar's Office, 611 E. Porter St., Albion, MI 49224

NAME \_\_\_\_\_

**PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA**

NAME \_\_\_\_\_

(PLEASE ENTER YOUR NAME PHONETICALLY TO ASSIST THE CORRECT PRONUNCIATION AT GRADUATION.)

*NOTE: YOUR NAME ON THE PROGRAM WILL INCLUDE YOUR FIRST NAME, MIDDLE INITIAL/S, AND LAST NAME*

STUDENT NUMBER \_\_\_\_\_

Please Circle:

**GRADUATION DATE:** MAY    SEPTEMBER 1    DECEMBER 31    **YEAR** \_\_\_\_\_

**COMMENCEMENT PARTICIPATION:** 2020    2021    2022    2023    NOT WALKING

MAJOR(S) \_\_\_\_\_

MINOR(S) \_\_\_\_\_

CONCENTRATION \_\_\_\_\_

TEACHER EDUCATION PROGRAM: \_\_\_\_\_

MINOR (secondary/k-12) \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED IN THE HONORS PROGRAM?    YES    or    NO    (CIRCLE ONE)

**To participate in the May commencement exercises a student must:**

- 1. Submit the application for degree one semester prior to your graduation date.**
- 2. Be within 7 units of the minimum graduation requirements.**
- 4. Present official transcripts for transfer credit to the Registrar, AT LEAST (*earlier preferred*), 48 hours prior to the official graduation date.**

My signature below indicates I acknowledge the above requirements.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_