

Application for Graduation For catalogs prior to 2015

Office of the University Registrar
1100 E 5th St., Anderson, IN 46012-3495
Phone: 765.641.4164 Fax: 765.641.3015



Step 1. Fill out front and back of form and sign. Step 2. Have your advisor review and sign on the back. Step 3. Bring your approved application to the Office of the Registrar.

Preferred Name _____ **STUDENT ID** _____

Print your name as it is to appear on your diploma.

FIRST _____ **MIDDLE NAME OR INITIAL** _____ **LAST** _____

Home Address _____

STREET

CITY

STATE

ZIP CODE

E-mail _____ **Cell Phone** (____) _____ - _____

I desire to participate in the May 20____ commencement under the _____ - _____ catalog.

I expect to complete all requirements for graduation by the following date:

End of Sem I (Dec) End of Sem II (May) End of Summer Session (Aug)

Major 1 _____ **Concen 1** _____

Major 2 _____ **Concen 2** _____

Minor 1 _____ **Minor 2** _____

Student Check

I have completed _____ hours.

Courses yet to be transferred in: _____

I have an "Incomplete Contract" for: _____

Courses I still need to enroll in: _____

List courses you are using to fulfill your Liberal Arts requirements (please use course # e.g. BIBL 2000)

Bible _____ Science _____

Dev Chris Faith _____ Math _____

History _____ LART 1050 LART 1100

Societal _____ ENGL 1100/1110

Global _____ ENGL 1120 or HNRS 2110

Comp Upper Div _____ COMM 1000

Frgn Lang _____ Write Int _____

_____ Write Int _____

Aesthetic: Option A or B Fitness _____

(A) 3 hrs _____ Indiv Thought _____

(B) 2 hrs _____ Indiv Thought _____

& (B) 1 hr _____

For Registrar's Use

Earned Hrs _____ T Hrs _____

Projected Hrs _____

Liberal Arts Components

CBS

- 1A bi
- 1B dc

HCW

- 2A hi
- 2B so
- 2C gl
- 2D ud
- 2E fl

AES

- 3A int
or
- 3B ap
- 3B ex

ENV

- 4A sc
- 4B ma

IND

- 5A la
- 5B wr
- 5B cm
- 5B wi
- 5B wi2
- 5C fi
- 5D it
- 5D it

GPA Overall _____ Math Placement _____

Major _____ (1) Minor _____

_____ (2) _____

Conditions/Deficiencies

Review Dates

First _____ Second _____ Final _____

STUDENT'S SIGNATURE

DATE

REGISTRAR'S SIGNATURE

DATE

Please list only courses for your major(s) and minor(s) below. Continue on the right side if necessary.

MAJOR NO. 1:				
Dept.	No.	Title	Hrs.	Gr.
Total Hours				

I approve this major as listed and recommend this student for graduation. (Approved substitutions are initialed.)

Advisor's Signature _____

MAJOR NO. 2:				
Dept.	No.	Title	Hrs.	Gr.
Total Hours				

I approve this major as listed and recommend this student for graduation. (Approved substitutions are initialed.)

Advisor's Signature _____

MINOR NO. 1:				
Dept.	No.	Title	Hrs.	Gr.
Total Hours				

Hours that apply only to minor
(need 12 minimum) _____

MINOR NO. 2:				
Dept.	No.	Title	Hrs.	Gr.
Total Hours				

Hours that apply only to minor
(need 12 minimum) _____