



Application for Graduation

Full Legal Name: _____

PHC ID: _____

CURRENT CONTACT INFORMATION

Address: _____

Phone: _____

PHC Email: _____

POST-GRADUATION CONTACT INFORMATION

Address: _____

Phone: _____

Email: _____

Office Use Only	
<input type="checkbox"/> Application Received: _____	
<input type="checkbox"/> Initial Audit	<input type="checkbox"/> Major GPA _____
<input type="checkbox"/> Language	<input type="checkbox"/> Cum. GPA _____
<input type="checkbox"/> ILCA	<input type="checkbox"/> Cr. Remain _____
<input type="checkbox"/> CPE	
<input type="checkbox"/> Approved _____	
<input type="checkbox"/> Denied _____	
<input type="checkbox"/> Student Contacted/Audit Mailed	
<input type="checkbox"/> Final Audit	Grad: M A D
<input type="checkbox"/> C MC SC	Com: Y N
<input type="checkbox"/> H HH HHH	

DIPLOMA AND PROGRAM INFORMATION

Name **exactly** printed as you want it on your diploma:

Phonetic spelling of often incorrectly pronounced names:

Hometown to be listed on the Commencement Program:

DEGREE INFORMATION

Expected Completion and Diploma Date:

December, _____
(year)

May, _____
(year)

August, _____
(year)

Major Program (and Track)

COMMENCEMENT INFORMATION

I wish to participate in the Commencement Ceremony in May (check one that applies).

December Graduates:

I will fulfill my graduation requirements in December and will participate in the Commencement Ceremony five months following my degree date.

May Graduates:

By Commencement, I will have fulfilled all degree requirements and will participate in Commencement.

August Graduates:

My degree date will be August. By Commencement, however, I will have no more than 6 total credits outstanding as prescribed in the catalog (DRW in progress; language or internship credits).

My degree date will be August. I will have credits outside the restrictions of the catalog policy and will participate in the Commencement Ceremony nine months following my August degree date.

I do not wish to participate in the Commencement Ceremony. I will submit a diploma release form to the Registrar.

Student Signature: _____

Date: _____