



UNDERGRADUATE APPLICATION FOR GRADUATION

Expected date of graduation: _____

Select Type of Degree: _____

STUDENT INFORMATION

NAME (As it should appear on your Diploma - Name must be listed in BANNER)		STUDENT ID# 900
CAU EMAIL		ALTERNATE EMAIL
LOCAL ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE
DIPLOMA ADDRESS (If different from Local Address)		
CITY	STATE	ZIP CODE
MAJOR	CONCENTRATION (If Applicable)	Minor(If Applicable)

 Student's Signature

 Date

****DO NOT WRITE BELOW THIS LINE: ACADEMIC DEPARTMENT AND REGISTRAR'S OFFICE USE ONLY****

ACADEMIC INFORMATION PLANNING SCHEDULE (Last three (3) semesters)

SEMESTER COURSE(S)			SEMESTER COURSE(S)			SEMESTER COURSE(S)		
SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE	SUBJECT	COURSE NO.	COURSE TITLE

Academic Advisor: _____

 Department Chairperson

 Signature of Department Chair

 Date

REGISTRAR'S OFFICE USE ONLY:	
TOTAL HOURS COMPLETED _____	HOURS OUTSTANDING _____ CUM. G.P.A. _____ Graduation Fee (\$300) Paid: Yes No
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Not Approved	Signature Registrar's Staff: _____ Date: _____