



Student ID: _____

Application for Graduation

2186 North Sherman Drive
Indianapolis, Indiana 46218

PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DEGREE

(If your name and address are different than what is on file with the University, please submit a change of address form.)

Student's Name: _____
(First Name) (Middle Initial) (Last Name)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Student's E-mail: _____

Phone: Home _____ Work _____

Anticipated Date of Graduation: May _____
(year)

Earned Degree Type

Undergraduate

_____ Bachelor of Liberal Arts
_____ Bachelor of Arts
_____ Bachelor of Science

Graduate

_____ Master of Arts
_____ Master of Science

Declared Major: _____ Declared Minor: _____

Title of Final Project/Capstone Course Thesis

Degree Plan Attached: Yes No

Student's Signature

Date

Mentor's Signature

Date

Chair for Faculty and Programs' Signature

Date

VP of Academic Affairs' Signature

Date

Verification of your completed degree plan, by your faculty advisor, must be submitted with your Application for Graduation. If verification of completion of your degree plan is needed, please schedule an appointment with your faculty advisor.

I understand that I must meet requirements prior to submitting my Application for Graduation for my degree to be conferred. This includes the following:

- Resolution of grades (I, F, NP). Grades will not be changed after graduation or once the degree is conferred.
- Submission of Final Project, Capstone, or Thesis
- Clear all outstanding balances with the Bursar's Office

Required Courses to Complete to Graduate:

Semester	Courses

Semester	Courses

Registrar's Signature

Date