

*type or print with dark ink*

## Application for Graduation

### 1. Name, Program

Student \_\_\_\_\_ Mentor/Advisor \_\_\_\_\_ Date \_\_\_\_\_

Program  B.A.  M.A.  Ph.D. Specialization \_\_\_\_\_

Expected date of completion \_\_\_\_\_ Birthdate \_\_\_\_\_ Student ID# \_\_\_\_\_

Print FULL NAME as desired on Diploma \_\_\_\_\_

*The diploma will be issued only after all program requirements and conditions are met.*

If you are planning to continue studies through WCIU, please indicate which degree program and specialization you intend to pursue:

\_\_\_\_\_

### 2. Address

Send diploma to \_\_\_\_\_  
street city state/province zip country

Current Address \_\_\_\_\_  
street city state/province zip country

Permanent Address \_\_\_\_\_  
street city state/province zip country

Current Phone \_\_\_\_\_  
day evening fax e-mail

Permanent Phone \_\_\_\_\_  
day evening fax e-mail

### 3. Signatures

\_\_\_\_\_  
Student/Associate Date Mentor/Advisor Date

### 4. Certification: *to be signed only when the student's program is completed*

I certify that all program requirements have been met, student records are in order, and bills have been paid. The diploma may now be issued.

\_\_\_\_\_  
Vice President for Academic Affairs Date Registrar Date