

**SLIPPERY ROCK UNIVERSITY
 OFFICE OF ACADEMIC RECORDS & REGISTRATION
 GRADUATION AND DIPLOMA APPLICATION**

All graduation information will be available on the Slippery Rock University website and communicated to the graduates through SRU email. Please remember to check your campus email for information about graduation.

STUDENT INFORMATION

Student name _____
 Preferred non-SRU email _____
 Cell phone number (XXX-XXX-XXXX) _____

GRADUATION INFORMATION

Academic level:	<input type="checkbox"/> Undergraduate	Semester of completion:	<input type="checkbox"/> Fall _____
	<input type="checkbox"/> Graduate	(Please indicate the year)	<input type="checkbox"/> Winter _____
			<input type="checkbox"/> Spring _____
			<input type="checkbox"/> Summer _____

DIPLOMA NAME

Full name as it is to appear on the diploma and in the commencement program:

NOTES ABOUT DIPLOMAS

- First name, middle initial, and last (legal) name will be used on your diploma or certificate unless you have specified otherwise. Variations can include, but are not limited to, omission of the middle initial, having the middle name spelled or Chosen name.
- If you have recently legally changed your name and want it to appear as such on your diploma, you will need to provide proof of the name change by providing the appropriate documentation with the correct name to Academic Records so it can be changed in the system. Please call 724-738-2010 for further information.

UNDERGRADUATE STUDENTS

Major _____

Certificate (if applicable) _____

Degree: Undergraduate

<input type="checkbox"/> Bachelor of Arts	<input type="checkbox"/> Bachelor of Music	<input type="checkbox"/> Bachelor of Science in Business Administration
<input type="checkbox"/> Bachelor of Fine Arts	<input type="checkbox"/> Bachelor of Science	<input type="checkbox"/> Bachelor of Science in Education
<input type="checkbox"/> Certificate		<input type="checkbox"/> Bachelor of Science in Nursing

GRADUATE STUDENTS

Major _____

Certificate (if applicable) _____

Degree: Graduate

<input type="checkbox"/> Doctor of Education	<input type="checkbox"/> Doctor of Occupational Therapy	
<input type="checkbox"/> Doctor of Physical Therapy		
<input type="checkbox"/> Master of Accountancy	<input type="checkbox"/> Master of Education	<input type="checkbox"/> Master of Science
<input type="checkbox"/> Master of Arts	<input type="checkbox"/> Master of Music Therapy	<input type="checkbox"/> Master of Social Work
<input type="checkbox"/> Master of Business Administration	<input type="checkbox"/> Master of Public Health	
<input type="checkbox"/> Certificate **		

** This is a university approved Certificate, not to be mistaken with a PDE Certification or Endorsement. Students completing a PDE Certification or Endorsement need to apply to the state through TIMS for certification.

MAILING INFORMATION FOR DIPLOMA

The diploma will be sent to the address you list below (no P.O. Box addresses, please).

Diploma mailing address _____

Mailing city _____ Mailing state/region _____

Mailing postal code _____ Mailing country _____