BANNER ID AO	NAME_	GRADUAT	GRADUATION APPLICATION	
	Last Name	First	Middle	
	SLIPPERY ROCK	UNIVERSITY		
	OFFICE OF ACADEMIC REC	CORDS & REGISTRATION		

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All graduation inforr				-	rebsite a	nd communio	cated to the gr	raduate	s through SRU email. F	Please
STUDENT INFORMA	TION									
Student name				<u> </u>						
Preferred non-SRU e										
Cell phone number (	XXX-XXX-XXX	K)		_						
GRADUATION INFO	RMATION									
Academic level:	☐ Under☐ Gradu	graduate ate		r of completion ndicate the yea	ar) 🗖	Fall Winter Spring Summer				
<b>DIPLOMA NAME</b> Full name as it is to a	appear on the	diploma and in th	ne commenc	ement progra	m:					
	tly legally cha propriate docu on. STUDENTS	nged your name a imentation with t	and want it t he correct n	o appear as su ame to Acade	uch on yo	ur diploma,	you will need	to provi	ide proof of the name stem. Please call 724-7	
Certificate (if applica					-					
Degree: Undergradu	uate 📮	Bachelor of Art Bachelor of Fine Certificate	s	□ Bachelor o		e	☐ Bachelor	of Scien	nce in Business Administ nce in Education nce in Nursing	ration
		certificate								
GRADUATE STUDEN	115									
Major Certificate (if applicate)	able)				-					
Degree: Graduate	0		Doctor of Education Doctor of Physical Therapy		□ Doctor of Occupational Therapy					
	۰	Master of Acco	untancy		☐ Mast	er of Education	on		☐ Master of Science	
		Master of Arts	•		☐ Mast	er of Music T	herapy		☐ Master of Social W	ork
		Master of Busir	ness Adminis	stration	■ Mast	er of Public H	lealth			
	** This	Certificate ** is a university approved ment need to apply to the				tification or End	orsement. Student	ts completi	ing a PDE Certification or	
MAILING INFORMA The diploma will be	sent to the ac	ldress you list bel	•		s, please)					
Diploma mailing add	Iress									
Mailing city					Mailing	state/region				

Diploma mailing address					
Mailing city	Mailing state/region				
Mailing postal code	Mailing country				