

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

Please print your **legal name** as you want it to appear on your diploma. Also list the address where you would like to have your diploma sent.

Legal Name _____
Street Address _____
City _____ State _____ Zip _____ Current Phone No. _____

Please **review your degree audit**, complete this form and return it to the Office of Academic Records & Registration, Room 107, Old Main. If you fail to graduate during the semester indicated on this application, **you must reapply**. Deadlines for applying: March 1 for May graduation, June 15 for Summer graduation, October 1 for December graduation and November 1 for January graduation.

DEGREE: (check one) B.S. B.A. B.S. in Educ. B.F.A. B.S.N.
 B.M. B.S. in Bus. Admin.

First Major _____ *Second Major _____

CERTIFICATE(S) (non-teaching): _____

I expect to complete degree/certificate requirements: Dec _____ Jan _____ May _____ Summer _____
year year year year

Are you planning to attend graduate school? Yes No
If "Yes," at what institution? _____

In signing this form, I certify I have reviewed my Degree Audit and I understand that I will not graduate on the date checked unless all graduation requirements are met by the official end of that semester. Failure to do so will result in updating my graduation date to the term/year the incomplete work and/or this application are completed.

(Date) (Candidate's Signature)

PLEASE NOTE: THIS FORM IS ONLY TO BE USED BY STUDENTS WHO ARE APPLYING TO GRADUATE FOR THE WINTER TERM (JANUARY) OR BY STUDENTS WHO MISSED THE ONLINE GRADUATION APPLICATION DEADLINE FOR THE CURRENT SEMESTER.