

TYPE name neatly as you want it to appear on your diploma.

Student ID#:	Date of birth (required	l): Month Day	Year
(Name) First	Middle	Last	
Address (where diploma will be mailed):			
City, State & Zip Code:			
Phone: Cel			
Check box below where appropriate. Intended graduation semester: Fal	l O Spring O	Summer 20_	
Undergraduate Degree: OCERT OAA	OBA OBS OBFA O	BSE OBBA OBSV	V OBSN OBSSD
Graduate Degree: OMA OMS OMI	BA OMSW OMSSD	O MFA OCER	Γ
Major 1: Con	ncentration 1:	Minor 1:	
Major 2:Em	phasis or Concentration 2		Minor 2:
Campus where you will be participat	ting with commencement e	exercises for Spring	commencement only.
O Las Vegas, Saturday, May 9th Any Changes to commencement p	=	_	
** By submitting & signing this form, you are granting perm	ission to be listed on the annual graduat	ion list regardless of a confide	ntial flag placed on your record**
Student Signature:		_ Date:	
Academic Advisor Signature:		_ Date:	

Academic Advisor: Ensure students have fullfilled or are in progress of fulfilling all CORE, Major, and Minor requirments. Students are eligible to participate in Spring commencement with only 9 credits lacking but these credits must be taken during the summer semester following commencement. Applications for graduation will only be reviewed and processed when all course work is either in progress or completed. All course substitutions, transcripts, and other forms are required to be submitted and processed prior to application for degree submission. All information must be legible. A \$50, one-time, non-refundable Graduation Fee will be charged to your account for Bachelor and Master Degrees. A \$30 one-time, non-refundable fee will be charged for Certificates. Students may request a replacement diploma for a fee of \$15.