

APPLICATION FOR GRADUATION

LATE FEE

Rec'd _____

Graduation Term

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XXX-XX-

XXX-XX-									
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Year

Pitt campus email address

Student's signature

CHUHAN XU

STUDENT NAME - Last name and Suffix, First Name and Middle Name or initial. (Leave a space between each name.) Please indicate all special characters. **PLEASE PRINT CLEARLY**

Name

[illegible]**DIPLOMA MAILING ADDRESS**

Address
Line 1

[illegible]

Address
Line 2

[illegible]

Address
Line 3

[illegible]

City

[illegible]

State

Postal Code
Or Country[illegible]

FOR ACADEMIC CENTER USE ONLY

Student Program _____

Student Plan _____

Student Sub Plan _____

Student Program _____

Student Plan _____

Student Sub Plan _____

Student Program _____

Student Plan _____

Student Sub Plan _____

Student Program _____

Student Plan _____

Student Sub Plan _____

Graduation Coordinator Verification

Date _____

Email Address

Student Name _____ Student ID _____ Phone Number _____ PS ID _____
 (include Area Code)

<p>Write in the specialization (area of concentration) that SHOULD BE INCLUDED in your record. If you have not officially declared your area of concentration– you MUST COMPLETE THE ACADEMIC PLAN CHANGE FORM (available through SCI Current Student's form index).</p>		
<p>If you previously declared a specialization (area of concentration) but DID NOT complete the requirements, LIST THE ITEM(S) TO BE REMOVED from your record here:</p>		
<p>TITLE OF THESIS OR DISSERTATION, if applicable</p>		