

Office of the Registrar

## **APPLICATION FOR DEGREE**

## **INSTRUCTIONS TO STUDENTS:**

1. Students MUST meet with their advisors prior to submission of the Application for Degree.

<ol> <li>Fill out all parts of this application. This form can</li> <li>Take this application to the Dean of your College at</li> <li>Application must be returned to the Registrar's Of in the University Calendar (see latest catalog issu</li> <li>If you anticipate receiving more than one degree,</li> </ol>	and obtain preliminary approval (signature). ffice, Student Support Services Building, (SU e). An application received after the deadline	
Last Name	First Name	Middle Name
Z STUDENT ID NUMBER	DATE OF BIRTH  DO YOU PLAN TO CONTINUE YOUR STUDIE	ES AT FAU? ☐ Yes ☐ No
EXPECTED TERM OF GRADUATION:	FALL 20 SPRING 20	SUMMER 20
CHECK APPROPRIATE COLLEGE:		CHECK APPROPRIATE DEGREE:
Dorothy F. Schmidt College of Arts and Letters	☐ Christine E. Lynn College of Nursing	Doctoral Degree
☐ College of Business	☐ Charles E. Schmidt College of Science	☐ Masters Degree
-	☐ College for Design and Social Inquiry	☐ Specialists Degree
	☐ Charles E. Schmidt College of Medicine	□ Bachelors Degree
☐ Harriet L. Wilkes Honors College		☐ 2nd Bachelors Degree
DEGREE SOUGHT:  (PLEASE CHECK WITH YOUR ADVISO	/MAJOR:/N	MINOR:
SECOND MAJOR:(if student is seeking double magnetic student is seeking double student is seeking double magnetic student is seeking double student student is seeking double student s	ajors)	Department signature
ADDRESS TO WHICH DIPLOMA WILL BE MAILE	D:	
ADDRESS TO WHICH DIPLOMA WILL BE MAILED Street No. City		State Zip
		State Zip  E-mail
Street No. City  Current telephone number:  Area Cod	de Number	E-mail
Street No. City  Current telephone number:  Area Cod  Where will you be attending classes during the term in which	de Number ich you expect to graduate: ☐ Florida Atlantic Univ	E-mail ersity
Street No. City  Current telephone number:  Area Cod  Where will you be attending classes during the term in which  Jr./Community College	de Number ich you expect to graduate: ☐ Florida Atlantic Univ	E-mail ersity
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Street No. City  Current telephone number:  Area Cod  Where will you be attending classes during the term in white  Jr./Community College  IF YOU ARE TAKING A COURSE(S) AT AN INSTIT  Course Prefix Number  Credit Hrs.  1.  2.  3.  PLEASE ANSWER THE FOLLOWING:  GRADUATES  Approved Plan of Study on file at Graduate College?  I understand that I must complete the required FAU Graduate Survey is complete.  I accept all conditions pertaining to the acceptance of this	de Number ich you expect to graduate:	E-mail  RSE(S) BELOW:  Oval of Graduate College Date  receive a transcript or diploma until the ed by me on this form is true and accurate.
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