

# Application for Graduation

**Western Illinois University**  
School of Graduate Studies

Date: \_\_\_\_\_

WIU ID No. \_\_\_\_\_  
(For security purposes do not enter Social Security number)

Name: \_\_\_\_\_  
*Print or type your name, using upper and lower case letters EXACTLY as you wish it to appear on your diploma.*

Expected graduation date (Choose one): \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Fall 20\_\_\_\_  
(NOTE: Must submit application by **March 10** for spring graduation; **June 10** for summer; **October 10** for fall)

Do you plan to participate in a commencement ceremony? \_\_\_\_ Yes \_\_\_\_ No

If yes, which ceremony? *(If your plans to participate change, please advise the Graduate Office as soon as possible.)*

\_\_\_\_ Macomb (May)

\_\_\_\_ Quad Cities (May only)

\_\_\_\_ Macomb (December)

Current address (commencement information will be mailed to this address):

\_\_\_\_\_  
Street City State Zip

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Diploma address (diploma will be mailed 6-8 weeks after commencement):

\_\_\_\_\_  
Street City State Zip

List below the courses you are now taking and/or plan to take. Please include credit to be transferred from another college or university and indicate the school.

Dept./Course #	Course Title	Credit Hours	Term to be taken
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**All students applying for graduation must complete an Alumni Register form. The form is located in the drop down menu on STARS ([www.wiu.edu/stars](http://www.wiu.edu/stars)).**

**Students - Do not write below this line**



Upon completion, return this form to the  
**School of Graduate Studies**  
**Western Illinois University**  
**1 University Circle, Macomb, IL 61455.**  
Phone 309.298.1806, Fax 309.298.2345  
Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)  
[www.wiu.edu/grad](http://www.wiu.edu/grad)

Date diploma mailed: \_\_\_\_\_