

GRA	ADUATION APPLICATION	
Student Name:	Email:	
Semester Graduating:	Phone Number:	
Major:	Concentration(s): (if applicable)	Minor(s): (if applicable)
Credits Earned to Date:	Credits Currently Taking:	Remaining Credits: (if any)
If there are any credits remaining to finish your degree a	t the time of commencement, where/how are	you planning on completing those credits?
I understand that should my graduation be demay only apply for graduation if I plan on comnotifications and correspondence from the Uni NAU student email account. Additionally, my system.	npleting my required credits before th versity pertaining to commencement	e start of the next full semester. All will be conducted through my
I plan on attending commencement	I <u>DO NOT</u>	plan on attending commencement
Eı	nployment Information	
Employer Name:		
Country: Address: Zip Code:		
Job Responsibilities (Please provide a brief description of		
Employment Status: Full-time Part-time	Compensation Status: Paid U	Inpaid
Supervisor's Name:	Supervisor's Phone	:
Supervisor's E-mail:		

11929 W. Airport Blvd. Stafford, TX 77477 Ph: 832-230-5188 Email: registrar@na.edu V 10.16.19 Page 2 of 2

## **Employment Information**

I am <b>new to this job</b> and this employ	er. Job start date:/(mm/dd/yyyy).	
I have been employed with my consition/promotion as of:/		kills acquired in my program resulted in a <b>new</b>
nitial start date with the current employer:	] (mm dd yyyy).	
Initial position with the current employer:		
	nt company/organization and the degree received/tl /dd/yyyy). Initial start date with the current employer:	
	employer and the degree received/the skills acquire ent employer:/(mm/dd/yyyy).	ed in my program resulted in a maintaining my
I am self-employed as of://_	(mm/dd/yyyy).	
	ith my employment goals, is vocational, and is based on a	and related to the education and training I received; and I
ım earning training-related income.		
I am not employed.		
t:C. tlt tll :Ct: :t T -l	NAII	·
	so give NAU permission to contact my employer to verif	y my employment.  Date
certify that the above information is correct. I al Student Signature	so give NAU permission to contact my employer to verif	
•	so give NAU permission to contact my employer to verif	
Student Signature  , the advisor and/or chair have reviewed thi	s student's application and record and recommend	Date that the student be placed on the list of prospective
student Signature  the advisor and/or chair have reviewed this traduates for the degree and major/concentr	s student's application and record and recommend ation indicated. Final certification will be determine	that the student be placed on the list of prospective after receipt of final grades and test scores.
student Signature  the advisor and/or chair have reviewed this traduates for the degree and major/concentr	s student's application and record and recommend	Date that the student be placed on the list of prospective
Student Signature  the advisor and/or chair have reviewed this raduates for the degree and major/concentre Advisor Name (Printed)	s student's application and record and recommend ation indicated. Final certification will be determine  Advisor Signature	that the student be placed on the list of prospective ad after receipt of final grades and test scores.  Date
the advisor and/or chair have reviewed thi raduates for the degree and major/concentradvisor Name (Printed)	s student's application and record and recommend ation indicated. Final certification will be determine	Date  that the student be placed on the list of prospective after receipt of final grades and test scores.
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the advisor and/or chair have reviewed thi	s student's application and record and recommend ation indicated. Final certification will be determine  Advisor Signature  Department Chair Signature	that the student be placed on the list of prospective ad after receipt of final grades and test scores.  Date
the advisor and/or chair have reviewed thi raduates for the degree and major/concentradvisor Name (Printed)  Department Chair (Printed)  The graduation application needs to be	s student's application and record and recommend ation indicated. Final certification will be determine  Advisor Signature  Department Chair Signature  IMPORTANT NOTES	that the student be placed on the list of prospective ad after receipt of final grades and test scores.  Date
the advisor and/or chair have reviewed thi raduates for the degree and major/concentradvisor Name (Printed)  Department Chair (Printed)  The graduation application needs to be Chair.	s student's application and record and recommend ation indicated. Final certification will be determine  Advisor Signature  Department Chair Signature  IMPORTANT NOTES  be reviewed and approved by the student, the	that the student be placed on the list of prospective ad after receipt of final grades and test scores.  Date  Date  student's Academic Advisor and Department
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