



Check one box to indicate the expected semester of completion.

Fall _____ 4-digit year Spring _____ 4-digit year Summer _____ 4-digit year

Student Information

Carefully PRINT your name **exactly as it appears on your Social Security Card.**

Note: Your First and Last name must match University Records. If you need to update your name, you must submit supporting documents (Social Security or Passport, marriage certificate, etc.) to verify name.

Full Legal Name:

First Name

Middle Name

Last Name

Current Address:

Number and Street

Town/ City

District

Country

Student ID No.: _____

Telephone: _____

Degree Information

(check one):

Associate

Bachelor

Master

Diploma

Certificate

Major: _____

Minor (if applicable): _____

Concentration (if applicable): _____

Date of Enrolment: _____

I understand that it is my responsibility (1) to verify my degree with my advisor (2) to notify the Registrar's Office of any name changes (3) to reapply for graduation if I do not complete my degree or meet the graduation requirements at the end of the semester. I understand that my diploma will be held if I have any outstanding balances with the University.

Student Signature

Date

FOR OFFICIAL USE ONLY

| FOR OFFICIAL USE ONLY | |
|-----------------------|--------------------|
| Finance Office | Registrar's Office |
| Receipt No.: | Processed By: |
| Processed By: | Date: _____ |
| Date: _____ | _____ |
| _____ | _____ |
| _____ | _____ |