

# Graduation Application

(complete one application per degree)

## Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last Name First Name Middle Name/Initial

## Degree/Completion Date Information

If you are unsure about the type of degree, major or concentration you are applying for, please contact your Advisor.

Type of Degree:  Post-Graduate Certificate  Bachelor's Degree  
 Master's Degree  Associate's Degree  
 Graduate Certificate  Diploma  
 Post-Baccalaureate Certificate  Certificate

Major (and concentration if applicable): \_\_\_\_\_ Catalog Year: \_\_\_\_\_

## Expected Date of Completion:

(Select the end of semester and indicate the year in which requirements for your degree are met.)

December, Year: \_\_\_\_\_ Fall Semester  April, Year: \_\_\_\_\_ Winter Semester  August, Year: \_\_\_\_\_ Sp/Su Semester

## Diploma Information

**PRINT** your name as you would like it to appear on your diploma & in the commencement program.

**NOTE:** Use upper/lower case; be sure to make spaces evident, if applicable.

\_\_\_\_\_  
First Name Middle Name/Initial Last Name

**\*\* Diplomas are mailed approximately 8 weeks after the end of the semester. \*\***

## Student Approval

NOTE: Completing this form does NOT sign you up for participating in the commencement ceremony.

Please Sign: \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

Please fax completed application to 616-732-1150 or scan and email to [Central.Registrar@davenport.edu](mailto:Central.Registrar@davenport.edu)