

A \$25 non-refundable graduation fee (check or money order) must be paid when submitting this application to the Office of Records and Registration. No application will be accepted unless accompanied by this fee. Make check payable to St. Cloud State University.

APPLICATION FOR GRADUATION

SCSU Tech ID # _____

OFFICE USE ONLY _____

(Print your name as you wish it to appear on the diploma. **DO NOT** use nicknames or change the spelling of your legal name. You may use a middle initial or delete your middle name or elect to include or delete a previous name.)

Name _____
First Middle Last

Calendar Year of Graduation: _____

Degree applying for: _____ B.A.
(Check One) _____ B.A.S.

Term of Graduation: _____ Fall Semester
(Check One) _____ December/January Intersession
_____ Spring Semester
_____ May/June Intersession
_____ Summer Session I
_____ Summer Session II

_____ B.E.S.
_____ B.F.A.
_____ B.MUS.
_____ B.S.
_____ A.A.
_____ A.E.S

Commencement Ceremonies occur at the end of **Fall Semester** and at the end of **Spring Semester**. Please indicate the ceremony in which you choose to participate and year (summer graduates can choose to participate in either semester): _____ FALL _____ SPRING _____ YEAR _____ Neither

Major _____

*Concentration _____

Major Advisor Name (Please Print) _____

Major _____

*Concentration _____

2nd Major Advisor Name (Please Print) _____

Minor _____

Minor _____

Minor Advisor Name (Please Print) _____

* NOTE: Not all majors have a concentration

DIPLOMA ADDRESS:

Diplomas will be mailed approximately eight weeks after the end of the term of graduation.

Please enter your DIPLOMA ADDRESS online at E-Services (www.stcloudstate.edu/registrar) or complete an address form in AS-118 to ensure receipt of your diploma.

If there is a change to your diploma address, please correct it online at E-Services or come to the Office of Records and Registration in AS-118 to complete an address form specifying that the change needs to be made for mailing your diploma.

Hometown (for commencement program) _____
(Diploma address will be used if not completed) City and State _____

If you do **NOT** want academic graduation information released to a newspaper, please check this box.

You must be formally admitted to your major(s)/minor(s) or program of study prior to submission of this form. If you are uncertain about meeting all your degree requirements, please contact your major and/or minor advisor.

DATE: _____

SIGNATURE _____

