

APPLICATION FOR DEGREE

Please return to the Registrar's Office, 611 E. Porter St., Albion, MI 49224

NAME _____

PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA

NAME

PRONUNCIATION _____

(PLEASE ENTER YOUR NAME PHONETICALLY TO ASSIST THE CORRECT PRONUNCIATION AT GRADUATION.)

NOTE: YOUR NAME ON THE PROGRAM WILL INCLUDE YOUR FIRST NAME, MIDDLE INITIAL/S, AND LAST NAME

STUDENT NUMBER _____

Please Circle:

GRADUATION DATE: MAY JULY 15 SEPTEMBER 1 DECEMBER 31 **YEAR** _____

COMMENCEMENT PARTICIPATION: 2025 2026 2027 2028 NOT WALKING

MAJOR(S) _____

MINOR(S) _____

CONCENTRATION _____

TEACHER EDUCATION PROGRAM: _____

MINOR (secondary/k-12) _____

ARE YOU CURRENTLY ENROLLED IN THE HONORS PROGRAM? YES or NO (CIRCLE ONE)

To participate in the May commencement exercises a student must:

1. Submit the application for degree one semester prior to your graduation date.
2. Be within 7 units of the minimum graduation requirements.
4. Present official transcripts for transfer credit to the Registrar, AT LEAST (*earlier preferred*), 48 hours prior to the official graduation date.

My signature below indicates I acknowledge the above requirements.

DATE: _____ SIGNATURE: _____