

APPLICATION FOR GRADUATION

(Please return completed form to the Registrar's Office, e-mail it to: registrar@ju.edu, or go to Student Planning to fill out the graduation application online.)

Student No.: _____	Catalog Year you are following: _____
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Please print your name on the line below exactly as you want it to appear on your diploma:

(Note: Official documentation is required for name changes, additions or deletions.)

Semester you expect to complete your degree requirements:

Fall I	Spring I	Summer I	
October	March	June	
Fall II	Spring II	Summer II	Year _____
December	April/May	August	

Degree(s) you are completing: *(Check all that apply):*

- | | |
|---|--|
| <ul style="list-style-type: none"> Bachelor of Arts Bachelor of Business Administration Bachelor of Fine Arts Bachelor of Music Bachelor of Music Education Bachelor of Science Bachelor of Science in Nursing | <ul style="list-style-type: none"> Master of Arts Master of Business Administration Master of Education Master of Fine Arts Master of Science Master in Public Policy Doctor of Business Administration Doctor of Nursing Practice |
| Certificate | |

Please run your Degree Audit, i

Complete

	MAJOR	SPECIALIZATION	MINOR
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

JU wants to stay in contact with you after graduation, if you use an alternative email, please share it with us.

Alternative email address _____