

Andrews  University
GRADUATE APPLICATION FOR GRADUATION

Name: _____ ID: _____
Last First

Anticipated Date of Graduation: _____
Month / Year

I do not plan to be present for the graduation ceremony.

If your date is December, do you plan on marching the following May? Yes No
December diplomas will be available by Friday of the following year.

Degree to be received: _____

Area: _____

I have filled out the Advancement to Candidacy and check sheet form. Yes No
(This must be done before the Graduation Application will be accepted.)

Print your name below as you want it to appear on your diploma.

_____ *First Middle Last / Surname*

If you will need your diploma mailed to you and know the address to where it should be sent, please indicate that below.

If for any reason you cancel your graduation at the time you have indicated above, please remember to file a new application when you decide to graduate. Your name will **NOT** be automatically included for the next graduation.

_____ *Signature*

_____ *Date*

Did you graduate from a Michigan High School or Academy? Yes No

If yes, please fill in the information below.

Your social security number: _____

Name of High School/Academy: _____

City of High School/Academy: _____