University of Wisconsin PARKSIDE

For Office Use: SID_____

GRADUATION APPLICATION REQUEST

Expected Graduation Date

Month (circle one only)**: MAY** (apply by 3/1) **AUGUST** (apply by 8/1*) **DECEMBER** (apply by 10/1) **Year:** _____

Name_____ Date_____

SID _____Telephone_____ UWP E-Mail_____

Current Address_____
Street City State Zip

Print your name as you wish it to appear on your **DIPLOMA/COMMENCEMENT PROGRAM**

J	o	h	n		A	.		M	c	A	d	a	m	s

J	a	n	e		A	.		v	a	n		A	d	a	m	s

If you have placed a FERPA (request to withhold student information) hold on your record, your name <u>will not</u> be printed on the Commencement Program or other graduate lists without your express, written permission. To be listed in the program, you must submit your written permission by the graduation application deadlines listed at the top of this form.

Program(s) to be completed (please circle all that apply): **MASTER BACHELORS CERTIFICATE**

Have you PREVIOUSLY EARNED Degree or Certificate from UW-Parkside? **YES NO**

Post Baccalaureate program(s) to be completed**: MAJOR MINOR CONCENTRATION CERTIFICATE**

PLEASE CHECK THIS BOX IF YOU WILL BE SEEKING A DUAL BACHELORS DEGREE**:** ☐

Are you seeking TEACHER EDUCATION CERTIFICATION? ___Yes ___No

NOTE: All majors, concentrations, minors, and certifications MUST BE DECLARED before the graduation date to be awarded

Major_____ Concentration _____

Major_____ Concentration _____

Minor(s) _____ _____

Certificate(s) _____

Any change in your expected graduation status may impact your financial aid eligibility. Please contact the Office of Financial Aid at 262-595-2574 with any questions.

Will you be participating in the Commencement Ceremony? ___**Yes**, I will participate ___**No**, I will not participate

* August graduates will participate in the December ceremony following their graduation. If it is necessary for you to participate in a different ceremony, you will need to complete a request for Commencement Petition to Walk form. These forms are available in Student Records and on-line.

Signature _____ Date _____

The applicable graduation fee must be paid at the time you apply. This is a one-time, non-refundable fee, which is applied to degree processing costs such as the printing of your diploma and the commencement program.

For Office Use: Date Received_____ By_____ Cash_____ Check#_____

Credit Card Type _____ Exp_____ #_____ CVV Security code_____ Authorization#_____

Return completed form to Registrar's Office/Student Records, WYLL D187 or Fax (262)595-2283