



Campbellsville University - Office of Student Records
Application for Graduation - Undergraduate

U78

Instructions to student: Complete and return this to the Office of Student Records when you have completed 75 credit hours of course work for bachelors or 38 credit hours for associates. A degree audit will be prepared to indicate your progress toward the degree and program of study you indicate below.

ID **CU ID Number:** _____ **SSN:** _____ **Campus Mail Box Number:** _____

DIPLOMA NAME	Print your name as you want it to appear on your diploma. (If this changes before 4/1/2008, notify this office immediately.)	ADDRESS	Provide your permanent home address AFTER graduation. Notify the Office of Student Records of any change of address.
	First: _____		Home Address _____
	Middle/ Maiden _____		City, State, Zip _____
	Last: _____		Home Phone (with Area Code) _____
			Work Phone (with Area Code) _____

DEGREE Indicate the degree you are working toward. Select only one.

<input type="checkbox"/> Associate of Arts*	<input type="checkbox"/> Bachelor of Arts*	<input type="checkbox"/> Bachelor of Social Work	<input type="checkbox"/> Computer Information Certificate
<input type="checkbox"/> Associate of Science	<input type="checkbox"/> Bachelor of Science	<input type="checkbox"/> Bachelor of Music	<input type="checkbox"/> Word Processing Certificate
	<input type="checkbox"/> Bachelor of Science in Business Administration		<input type="checkbox"/> Medical Secretary Certificate

**The Associate of Arts and Bachelor of Arts degrees have foreign language requirements. Refer to your catalog-bulletin for more information.*

PROGRAM Indicate the academic program of study you are pursuing.

<input type="checkbox"/> Area _____	with an Emphasis in _____
<input type="checkbox"/> 1st Major _____	<input type="checkbox"/> 2nd Major _____
<input type="checkbox"/> 1st Minor _____	<input type="checkbox"/> 2nd Minor _____

Are you pursuing Teacher Certification? _____ Yes No

CATALOG Indicate the catalog you are using to complete your program. *All components of your program must be taken from a single catalog edition.*

2003-2005 2005-2007 Other _____ (Cannot pre-date your enrollment at CU)

DATE Indicate the year and term when you intend to complete all graduation requirements (courses, convocations, exit exams-if applicable, etc).

<input type="checkbox"/> FALL 2007 - December 2007 <input type="checkbox"/> SPRING 2008 - May 2008 <input type="checkbox"/> SUMMER 2008 - July 2008	<ul style="list-style-type: none"> • <i>The deadline to change your name or graduation date is March 1. Changes after this date will necessitate reordering your diploma at additional cost to you.</i> • <i><u>If you do not meet all degree requirements by July 31, 2008, this application will be cancelled and you will need to reapply.</u></i>
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SIGNATURE Sign and date the application here:

Signature _____ Date _____

 Name of Area or Major Advisor (Signature not required)