

HAWAII PACIFIC UNIVERSITY

1164 BISHOP STREET, SUITE 216
HONOLULU, HAWAII 96813-2882
PHONE: (808) 544-0239
EMAIL: registrar@hpu.edu

**PETITION TO GRADUATE
(GRADUATION APPLICATION)**



OFFICE USE ONLY

DATE RECEIVED _____

HONORS ESTIMATE _____

CURRENT ADDRESS:

Student No. @ _____
Family Name _____ First _____ Middle _____
Street _____ Apt. No. _____
City _____ State _____ ZIP Code _____

Home Phone _____

Work Phone _____

E-mail _____

CAMPUS: Downtown - Honolulu Hawaii Loa - Kane'ohe
 Military Campus _____ VET Yes No

MIL SVC _____ Warrant Officer ENL

Advisor _____

Address to mail diploma,* if different from the address given above:

NAME _____

STREET _____

CITY/STATE/ZIP _____

COUNTRY _____

* Diplomas are mailed approximately two months after you finish your last class(es).

I plan to complete degree requirements: _____ MONTH _____ YEAR

I plan to attend the ceremony: December, 20____ May, 20____

I do not plan to attend the ceremony.

NAME ON DIPLOMA AND COMMENCEMENT PROGRAM: Please use the space below to type or clearly print the correct order (first, middle, last) of your legal name for diploma and commencement program:

DEGREE INFORMATION:

The degree I am completing is (check one only, complete another petition if you are petitioning for more than one degree):

- Associate in Supervisory Leadership
- Associate of Science in _____
- Associate of Arts in _____
- Bachelor of Science in Business Administration
Major(s) _____
- Bachelor of Arts, Major(s) _____
- Bachelor of Science in Nursing
- Bachelor of Education _____
- Bachelor of Science, Major(s) _____
- Bachelor of Social Work
- Master of Business Administration
Conc(s) _____
- Master of Education _____
- Master of Social Work
- Master of Arts in _____
- Master of Science in _____
- Minor attached to Bachelor degree _____

LEGAL NAME HERE

Check Appropriate Boxes: I am enrolled in the following course(s) in

the _____ Term/Semester, 20_____

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

In addition to the courses listed above, I need a passing grade in the following courses:

Course _____ Term _____

Course _____ Term _____

I acknowledge I must complete the above courses with a passing grade and resolve any incomplete grades.

STUDENT SIGNATURE _____

DATE _____

Check Appropriate Boxes: I am enrolled in the following course(s) in

the _____ Term/Semester, 20_____

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

If you have received federal financial aid at HPU, you must complete Loan Exit Counseling online at: www.hpu.edu/exit prior to submitting your Petition to Graduate.

REQUIRED APPROVALS:
FOR COMPLETION

FINANCIAL
AID

APPROVED
 DISAPPROVED

COMMENTS: _____

Signature _____ Date _____

ADVISOR

APPROVED
 DISAPPROVED

COMMENTS: _____

Signature _____ Date _____

ACADEMIC/
GRADUATE
DEAN

APPROVED
 DISAPPROVED

COMMENTS _____

Signature _____ Date _____