R·I·T

APPLICATION FOR GRADUATION

Directions: Complete a separate copy of this form for **each** degree, diploma or certificate you expect to receive and return it to your department **four quarters prior to the completion of your requirements for that degree.** This will enter an anticipated graduation date in your record in the Student Record System. Submission of this form does not qualify you for graduation. You must check with your department to make certain that you have met all academic requirements for a degree.

University ID Number ___ ___ ___ ___ ___ ___ ___ ___ ___   **E-mail address** _____

Name: Print your name as you wish it to appear on your diploma, paying special attention to upper and lower case letters, spacing and accent marks. **First and last names on diplomas must match your official name as recorded in the Registrar's Office. You may elect to have either your middle name (as recorded), your middle initial, or no initial on your diploma.**

Last: ___

First: ___

Middle: ___

Suffix: ___ ___ ___

Degree: Check the degree that you expect to receive:

Program Code: ___ ___ ___ ___

Are you completing a double major? ❏ yes ❏ no
If yes, please complete a separate application for each degree.

Graduate
- ❏ PhD
- ❏ MAR
- ❏ MBA
- ❏ ME
- ❏ MFA
- ❏ MS
- ❏ MST
- ❏ Advanced Graduate Certificate

Undergraduate
- ❏ BFA
- ❏ BS
- ❏ AA
- ❏ AAS
- ❏ AOS
- ❏ AS
- ❏ Diploma
- ❏ Certificate

Your diploma will be mailed to your HOME address currently listed in SIS. If you want your diploma mailed to a different address, include it here. This information will supercede SIS, but will not be updated in SIS.

Address _____

_____

City, State, Zip _____

Country _____

Graduation Date: Enter the quarter and year that you anticipate completing all graduation requirements for this degree.

❏ FALL (November)   ❏ WINTER (February)   ❏ SPRING (May)   ❏ SUMMER (August)   Year: _____

Do you plan to walk in the May Commencement Ceremony?   ❏ Yes   ❏ No

Hometown Address: Will be used in the Commencement Program only.

_____   ____ ____   _____
City, Town or Village   State   Country

Signature: _____   **Date:** _____

Department Stamp Required

For applications submitted after April 15th of the planned graduation year:

I understand that my name will NOT appear in the Commencement Book.

Signature: _____ Date: _____

Registrar's Office Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Distribution: **Student:** Keep a copy for your records, and return original to your department.
Department: Return approved original to Registrar's Office for processing.

REV. 3/2011