

Student ID# _____

ALVERNIA UNIVERSITY

Alvernia University Graduation Application

Name _____
Last First Middle

Address _____
Street City State Zip

Social Security # _____ Phone # _____

Degree:

Major (s)

Associate of Science [] _____

Bachelor of Arts [] _____

Bachelor of Science [] _____

Bachelor of Science in Nursing [] _____

Bachelor of Social Work [] _____

Minor (s)

Anticipated Graduation Date:

[] August 20____ [] December 20____ [] May 20____

Please Note: Complete all items and return this form to the Registrar's Office **before the deadline**. A copy of your requirement sheet completely filled in and signed by your advisor must accompany this form.

All graduates are encouraged to participate in Commencement Exercises. If you do not intend to participate in the ceremony, please inform the Registrar's Office in writing.

On the line below please print or type your name **EXACTLY** as you wish it to appear on your diploma.

First Middle Last

Date

Signature of Applicant

*****Application Deadlines*****

In the Registrar's Office

May Graduation October 1
August Graduation December 1
December Graduation March 1

Signature of Advisor

Signature of Department Chairperson