

CAMPBELL UNIVERSITY APPLICATION FOR GRADUATION

Phone # _____

E-Mail: _____

Campbell University ID or SSN: _____

I hereby request that an order be placed for a Diploma for the Degree of *(Please check one)*:

- | | | |
|--|--|--|
| <input type="checkbox"/> Doctor of Pharmacy | <input type="checkbox"/> Master of School Administration | <input type="checkbox"/> Bachelor of Business Administration |
| <input type="checkbox"/> Juris Doctor | <input type="checkbox"/> Master of Science | <input type="checkbox"/> Bachelor of Health Science |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Trust & Wealth Management | <input type="checkbox"/> Bachelor of Science |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Bachelor of Applied Science | <input type="checkbox"/> Bachelor of Social Work |
| <input type="checkbox"/> Master of Education | <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Associate in Arts |
| <input type="checkbox"/> Master of Divinity | <input type="checkbox"/> Master of Arts in Christian Education | <input type="checkbox"/> Doctor of Ministry |

with a **Major** in: _____ and Major in *(for double majors)*: _____

with a **Concentration** or **Specialization** in *(for example: pre-law, pre-prof., music composition, etc.)*: _____

with a Minor(s) in: _____

to be awarded to me in (please check one): AUGUST DECEMBER MAY (Year) : _____

I wish to have my name printed EXACTLY as printed below on the Diploma:

(Please Print Carefully)

(My Academic Adviser)

Use the following address for mailing information concerning the graduation audit, rehearsal, ceremony details, placement, or other pertinent information as needed. I understand that this is the address to which my diploma will be mailed if I have applied late, if it is necessary to add Latin honors, or to re-order my diploma for some other reason:

(Route, Street, or Post Office Box No.)

(Town or City)

(State)

(Zip Code)

City/State that I want printed adjacent to my name in the Program: _____ / _____
(City) (State)

We respectfully request the following information in the event one of your family members is asked to participate in your graduation ceremony:

Father's Occupation: _____ Mother's Occupation: _____

Spouse's Occupation: _____

If for any reason, I do not graduate on the above date, I understand that I will need to complete another Application for Graduation to assure that I will have a diploma and that my graduation details will be correct on my transcript of record.

In order to gather information on the success of our students, please provide the following information: *(Please check your response)*:

I have accepted a position in my field. Yes No

(Provide Brief Details)

I have accepted a position unrelated to my field of study. Yes No

(Provide Brief Details)

I am currently seeking employment. Yes No

I am not seeking employment after graduation.

I will be attending graduate or professional school.

(Provide Brief Details)

Have you registered with the Office of Career Services? Yes No

Signature: _____ Date: _____