

# GRADUATION APPLICATION

## To Be Completed By Applicant

Name: \_\_\_\_\_  
First-Middle-Last (Please print name exactly as you want it to appear on your diploma)

Address: \_\_\_\_\_  
(Please enter address diploma should be mailed to)

WVU ID:    -    -    Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to graduate with a  Bachelor of Applied Science  Associate in Arts  
 Associate in Applied Science

**MAJOR →** \_\_\_\_\_

I am also eligible to receive a  Bachelor of Applied Science  Associate in Arts  
 Associate in Applied Science

**MAJOR →** \_\_\_\_\_

I wish to graduate in the year 20 at the end of:  Spring  Summer  Fall

I plan to participate in the spring graduation ceremony:  yes  no  
(If yes, visit the PSC Bookstore for cap and gown information.)

If you wish information about your graduation to remain confidential (your name will not be printed in the graduation program or released to the news media), please contact the Office of Enrollment Services at 304-788-6820.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed by Adviser

Substitutions/Waivers: \_\_\_\_\_

Signature of Adviser: \_\_\_\_\_ Date \_\_\_\_\_

## To Be Completed by Dean of Academic Affairs

	Date:	Date:
<b>Credits Transferred from another Institution</b>		
<b>Credits Completed in Morgantown</b>		
<b>Credits Earned at PSC*</b>		
<b>Credits in Progress</b>		
<b>Total Credits (to be completed at time of certification)</b>		
<b>Current GPA</b>		

\*exclusive of foundations courses

Honors

- Student will not be eligible for graduation as requested  
 Student is progressing toward Graduation as requested and may participate in the graduation ceremony.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Dean of Academic Affairs Date

I hereby certify that the student named above has met all the requirements for the degree applied for in this application.

\_\_\_\_\_  
Dean of Academic Affairs Date