

**University of Arkansas at Monticello
Bachelor Degree Graduation Application**

Please Print

Name: _____ Student ID # or SSN: _____

Expected Completion: August December May Year: _____ Catalog Year: _____

Degree: Check One _____ Bachelor of Arts _____ Bachelor of Science
_____ Bachelor of Applied Science _____ Bachelor of Science in Nursing
_____ Bachelor of Business Administration _____ Bachelor of Social Work
_____ Bachelor of Music Education

Major 1: _____ Minor/Collateral: _____

Major 2: _____ Concentration: _____

Print your name exactly the way you want it to appear on your diploma:

A commencement ceremony is conducted only in May. Undergraduate students who lack six or fewer hours to complete their degree may participate in the May ceremony. Students may only participate in one commencement ceremony for each degree earned.

Will you participate in the May ceremony? Yes No If yes, give year _____

May we release your name and degree for the commencement program and hometown media? Yes No

All diplomas are mailed. This address will be used for mailing your diploma only. For permanent address changes, complete a Change in Student Data form. Diplomas will be mailed approximately four to six weeks after the conferral date.

Address to mail diploma: _____

Street City State Zip

Has a signed degree audit been submitted? Yes No Advisor's name: _____

Are you taking coursework toward this degree at another institution? Yes No

Name of Institution: _____

Course(s) Name and Number: _____

Completion Date: _____ Is this a correspondence course? Yes No

NOTE: All official transcripts indicating grades for coursework taken at another institution must be sent directly to the Office of the Registrar, P. O. Box 3598, Monticello, AR 71656, no later than the last day of the semester at UAM in order to complete graduation that semester.

All requirements for this degree must be completed before it is posted to the transcript or diploma issued. Participation in the commencement ceremony does not mean all requirements for the degree have been completed. If the requirements are not completed during the semester listed above, three (3) additional semesters will be allowed to complete with this application, after which a new application must be submitted. The student's advisor is notified once a student is removed from the candidate file.

FOR NURSING MAJORS ONLY: I will be applying for nursing licensure and grant the University permission to release my transcript and any other applicable materials to the licensing agency: ___Yes ___No

FOR EDUCATION MAJORS ONLY: I will be applying for teacher licensure and grant the University permission to release my transcript, test scores, and any other applicable materials to the licensing agency: ___Yes ___No

Signature: _____ Date: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

		For Registrar's Office Use Only	
_____ Candidate	Date _____	by _____	
_____ Student Update	Date _____	by _____	Date Stamp
_____ Degree Audit	Date _____	by _____	
_____ Advisor letter	Date _____	by _____	
Original: Registrar Copy to: Advisor, Student		revised 10/07 cd	