

**\*\*\* Application for Graduation \*\*\***

Student Identification Number: \_\_\_\_\_  
(e.g., A #####)

Student name: \_\_\_\_\_  
Last First MI

*Please note: The name on your diploma will appear as it is listed in University records.*

Please check the type of degree you will be receiving:

Undergraduate

Graduate Degree

**BU** = College of Business      **ED** = College of Education      **LA** = College of Liberal Arts  
**NH** = College of Nursing and Health Sciences      **ST** = College of Science and Technology

Degree 1:	Degree 2:
College: _____ Degree _____	College: _____ Degree _____
Major 1: _____	Major 1: _____
Major 2: _____	Major 2: _____
Minor: _____	Minor: _____
Concentration: _____	Concentration: _____

**Semester of graduation:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you or your guest(s) require accommodation for a disability, please contact the Disability Services Office, located in the Driftwood Building, Room 101, by phone at 361.825.5970.

**Please return your completed form to the Office of Admissions & Records.**