Graduation Application



This form must be submitted to the Registrar's office the semester prior to the semester of graduation. Students who do not meet the application deadline must apply for next semester's graduation. For example, if you plan to graduate in the spring semester, you would submit your application during the fall semester.

GRADUATE INFORMATION				
I plan to graduate at the end of the	Spring Summer MARK THE APPROPRIATE SEMESTER	Fall YEAR	semester	
To ensure you're on the right track graduation application. This official prefer E-mail to my Clarkson	I degree audit will be e-mailed o			
Student ID				
Program		Minor IF APPLICABLE		
Print your name as it should appear academic record. Name changes we by the first day of the graduating s	vill not be accepted during the g			
PLEASE PRINT				
Current address				
STREET	CITY	STATE	ZIP	
Permanent address				
STREET	CITY	STATE	ZIP	
TERMS OF AGREEMENT FOR GF	RADUATION			
By signing this graduation applicati		the following:		
I must complete all requirement		-	College	
Commencement ceremony.			-	
	antee participation in Commenc	_		
_	if I have met all of the graduation	•	ing the audit, I will be	
	rements I must meet to earn my	_		
	ot permit me to enroll in courses	s at other institutions du	iring the semester I plan	
to graduate.4. Awards and honors presented	at the graduation recention are	haced on an accessmen	t of my academic work	
·	ster <i>prior</i> to graduation. Acaden		•	
·	hemselves by maintaining a high			
	our diploma; however, honors wi		-	
	epted during the graduating ser			
of the graduating semester.				
SIGNATURE		DATE		