

APPLICATION FOR DEGREE/CERTIFICATE

Print this form, complete requested information, and return it to Washburn University at the address or fax number at the bottom of this form

CLEARLY PRINT your name in **upper and lower** case exactly as you wish it to appear on your diploma/certificate.

First _____ Middle (optional) _____ Last _____

Indicate name on permanent record if different than above _____

Student ID Number (W) _____ e-mail address _____

Degree/Certificate (circle degree from the list below)

Associate: AA AS ALS
Bachelor: BA BAS BBA BED BFA BHS BIS BLS BM BPA BS BCJ BSN BSW
Graduate: MA MBA MCJ MED MLS MSN MSW MHS DNP
Certificate: ADC LG N-PM T/R CT HIT MR XT DMS-V DMS-C DMS-G KIC ENT LD

Major: 1. _____ 2. _____

Emphasis : 1. _____ **Emphasis** : 1. _____
(if applicable) (if applicable)

Completing Program: Fall 20 _____ Spring 20 _____ Summer 20 _____

Unless you indicate in the box below, your name will appear in the Commencement Program and newspapers concerning graduation. ****Certificate candidates are not listed in the Commencement Program.**

Please indicate with an "X" and provide your signature to withhold your name from being published.

_____ **Do NOT publish my name in the Commencement Program or newspapers**

Student Signature (ONLY if you want your name withheld) _____

READ CAREFULLY

- * **Deadline: Application must be submitted by Friday of the 3rd week of the semester in which the student plans to graduate.**
- * You are not a candidate for degree until this Application for Degree form is on file in the University Registrar's Office.
- * If degree requirements **are not met** in the semester indicated above, a new Application for Degree/Certificate form must be filed in the University Registrar's Office.
- * Responsibility of student: It is my responsibility to know and to fulfill degree requirements as described in the university catalog. I will notify the University Registrar's Office promptly of any change in name, address, degree, major or expected date of completion. New address information must be filed in the University Registrar's Office to receive commencement information. Please submit a Change of Address form.
- * The University confers degrees three times a year to students who have met all requirements as of the last day of final examinations for each semester/term: Fall, Spring, and Summer. The specific dates are listed in the Academic Calendar for each semester/term. All work not completed (e.g., incomplete grades, transfer work, etc.) by the last day of finals of the semester/term that you have indicated above will result in a later graduation date. Graduation exercises are held in the Fall and in the Spring. If you plan to earn your degree in the Summer, you may participate in the Spring Commencement if your Application for Degree form is filed by the appropriate time. See the Academic Calendar for Spring.

Phone: Daytime () _____ Work () _____ Cell () _____

Address of where you want your diploma mailed to : _____

Student Signature: _____ Date: _____

Mail to: Office of the University Registrar, Morgan Hall, Washburn University, 1700 SW College Ave., Topeka, KS 66621
OR Fax to (785)670-1104