

# 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)  
2. \_\_\_\_\_ 2. \_\_\_\_\_

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 **Do NOT publish my name in the Commencement Program or newspapers**  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 ( ) \_\_\_\_\_

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