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| **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| ***Do NOT publish my name in the Commencement Program or newspapers*** | | | | | | | | | | | | | | |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 fullfill degree requirements as described in the university catalog. | | | | | | | | | | | | | | |
| I will notify the University Registar'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 | | | | | | | | | | | | | | |