# *St. Thomas Aquinas College*

## *APPLICATION FOR GRADUATION*

***Please return this form to the Registrar's Office.***

***Today's Date:*** _____

**PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA**

**NAME:** _____
**First Middle Last**

**Student ID#** _____ **Male**_____ **Female**_____

**Permanent Address:** _____
**Street**

_____
**City State Country Zip Code**

**Cell Phone:**_____ **Home Phone:**_____

**Email Address:** _____

**Country of Citizenship (If other than USA):** _____

**Expected Date of Graduation: _____January _____May ____August* Year: _____**

****SENIORS WHO HAVE NO MORE THAN TWO COURSES (6 credits) REMAINING TO SATISFY DEGREE REQUIREMENTS AS OF THEIR FINAL SPRING SEMESTER ARE ELIGIBLE TO BE DECLARED AUGUST GRADUATES AND TO PARTICIPATE IN THE COMMENCEMENT EXERCISES.***

**Degree: ___Bachelor of Arts __Bachelor of Science ____Bachelor of Science in Education**

**MAJOR:** _____ **MINOR:** _____

**CONCENTRATION:** _____ **ADVISOR:** _____

**FOR TEACHER EDUCATION CANDIDATES ONLY:**

**_____ Childhood ____ Special Education Certification Concentration:** _____

**_____ Adolescence/Major:** _____