SIUe

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
APPLICATION FOR GRADUATION
SIUE Staff Degree Completion Scholarship

OFFICE USE ONLY
Date: _____
Cat. Term: _____
Coded By: _____
Post Date: _____

Application Deadline: Applications are due no later than the first day of the term in which you expect to complete all degree requirements.

Student Identification Number: 8 0 0 ___ ___ ___ ___ ___ ___

Please print the name (First/Middle/Last) you wish to appear on your diploma. Limit to 30 characters, including periods or other punctuation, in the spaces provided below. Use upper and lower case.

Expected completion of degree requirements (enter year): Fall (Dec.)* 20____ Spring (May) 20____ Summer (Aug.) 20____
(Students who fail to meet all graduation requirements within three consecutive terms, beginning with the initial application term above, will be required to re-apply and pay an additional $35.00 fee by the first day of the term in which requirements will be completed.)

Please complete the following information. If unsure, please check with your advisor.

Degree Sought: _____

College/School (please circle one): Arts and Sciences Business Education Engineering Nursing Pharmacy

Major: 1. _____ 2. _____

Minor: 1. _____ 2. _____
(Undergraduates only)

Are you in the process of completing a teacher education program to be certified to teach? ___ Yes ___ No
Please mark if you are a member of the following programs: ___ Honors Scholar Program ___ Meridian Scholarship
Do you have additional credits to be transferred from another institution before graduation: ___ Yes ___ No
If yes, from what Institution/s? _____

Signature: _____ Date: _____
By signing, you authorize your inclusion in commencement publications and news releases unless you check this box:
☐ Exclude me from commencement publications and news releases.

Printed Name (if different than diploma name): _____
E-Mail Address or Daytime Telephone Number: _____

Your diploma will be sent to your mailing address on file with the Office of the Registrar. In order to receive your diploma and other University correspondence, you must keep your mailing address current.

What is MOST LIKELY to be your PRINCIPAL activity upon graduation?
☐ Employment, full-time paid
☐ Employment, part-time paid
☐ Graduate or professional school, full-time
☐ Graduate or professional school, part-time
☐ Additional undergraduate coursework
☐ Military Service
☐ Volunteer activity (e.g., Peace Corps)
☐ Starting or raising a family
☐ Other, please specify: _____

* Students who graduate fall semester may be subject to significant decreases in their financial aid. Please check with the Office of Student Financial Aid before submitting this application.

Graduation Fees Received by Bursar:	Date Application Received in Registrar's Office:

SERVICE CENTER, SIUE, RENDLEMAN HALL, ROOM 1309, EDWARDSVILLE, IL 62026-1080