



Graduation Application

453.04

Instructions: This form is to be used by undergraduate or graduate students who wish to apply for graduation. The Registrar's Office will conduct a degree audit to evaluate the student's status. Please print and return completed form with payment to the Business Office. The Business Office will forward the form to the Registrar after processing the payment.

Fee: \$95.00 for Undergraduate Programs / \$125.00 for Graduate Programs
Application & Fee Due Date: December 15, 2017 (Late Fee Applied after Due Date: \$85.00)
Applications will not be accepted after February 1, 2018.

Personal Information

Name: _____ Student ID Number (last 5 digits): _____
Degree: _____ Are you a US Military Veteran (circle one): Yes No
Criswell Email: _____ Current Address: _____
Cell Phone #: _____ City, State, Zip Code: _____

Commencement Information

Term and year you plan to complete your degree: Fall _____ Winter _____ Spring _____ Summer _____
Year Year Year Year

Gown measurements (If you need assistance determining your measurements, please contact the Registrar's Office):

Height: _____ ft. _____ in. Men: _____ (Dress coat size) Women: _____ (Blouse/jacket size)

Student's Home Town (for printing in commencement program): _____
City State

Your first, middle, and last names will appear on your diploma just as they do in CAMS Student Portal. Please notify the Registrar immediately if there is a discrepancy.

Suspension of Directory Information Opt-Out

Important: If you have Full Confidentiality or a Degrees and Dates Earned hold on your record, your name will not appear in the commencement program, degrees conferred book, or in public newspapers. If you wish to suspend your confidentiality hold(s) to allow your name to appear in the commencement program, degrees conferred book, and public newspapers, please indicate by initialing below.

_____ Yes, I wish to suspend my confidentiality hold(s) to allow my name to appear in the commencement program, degrees conferred book, and public newspapers.

Student Signature: _____ **Date:** _____

FORM CONTINUED ON BACK PAGE

OFFICE USE ONLY

Business Office: Received: _____ Application Fee(s): _____ Date Paid: _____

Registrar's Office: Entered in Graduation Spreadsheet: _____ Date: _____



Alumni Information

453.30B

Instructions: This form is to be used by undergraduate or graduate students applying for graduation. Please submit the completed form with your Graduation Application and Fee to the Business Office.

Personal Information

Personal Information

First, Middle, & Last Name: _____

Preferred Name: _____

Name of Spouse: _____

Church Membership (Name and Location):

Permanent Address: _____

City, State, Zip Code: _____

Permanent Email: _____

Current Church Ministry Position (if applicable):

Cell Phone #: _____

_____ I authorize the Registrar's Office to give the above mentioned Personal Information to the Alumni Office.

_____ Do not give the above mentioned Personal Information to the Alumni Office.

Student Signature: _____ Date: _____

Post-Graduation Information

Do you plan to continue your education? Yes No Undecided

Name of Institution(s) Being Considered:

Degree: BA MA MDiv PhD DMin _____

Other

Field of Study: _____

In which of the following professions to you plan to serve after graduation?

Local Church Ministry Missions Counseling Education Business Politics Other _____