

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 the completed form with payment to the Student Accounts Office. Students must submit completed forms to the Registrar Assistant after making their payment.

Fee: \$95.00 for Undergraduate Programs / \$125.00 for Graduate Programs

Application & Fee Due Date: December 15th (Late Fee Applied after Due Date: \$85.00) Applications will not be accepted after January 31st.

Personal Information							
Name:	Student ID N	Student ID Number::					
Degree:		Are you a US	Military Veterar	n (choose one):	Yes	No	
Criswell Email:	Cell Phone #	Cell Phone #					
Course Completion and Commencement Information	n						
Term and year you plan to complete your coursework:	FallYear	WinterYear	SpringYea	Summer ar	Year	_	
Gown measurements (If you need assistance determining	g your measureme	nts, please contact	the Registrar's O	ffice):			
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 dithere is a discrepancy. Please provide the phonetic spell pronounce your name correctly at commencement. For highly), Pei-Ling Huang (Pay-Lyn Hu-ang), Ravish She Phonetic Spelling:	ling of your name (example: David Bekaraiah (Raveesh S	how your name is aranowski (David Shek-ra-ja)	pronounced, not	how it is written) ane Liley (Jane Li	so that w	e can	
First Name		Middle Name	le Name		Last Name		
Suspension of Directory Information Opt-Out							
Important: If you have Full Confidentiality or a Degree program, degrees conferred book, or in public newspape commencement program, degrees conferred book, and p	ers. If you wish to public newspapers,	suspend your confi please indicate by	identiality hold(s) initialing below.) to allow your na	me to app	pear in the	
INITIALS: Yes, I wish to suspend my confider book, and public newspapers.	ntiality hold(s) to a	llow my name to a	ppear in the com	mencement progra	am, degre	ees conferred	
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 Student Accounts 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 #:					
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 do you plan to serve after graduation	n?				
Local Church Ministry Missions Counseling Education					