



# Graduation Application

**Instructions:** This form is for undergraduate and graduate students applying for graduation. The Registrar's Office will conduct a degree audit to confirm eligibility. After making payment to the Student Accounts Office, submit the completed form to the Registrar's Office.

Fee: \$100.00 for Undergraduate Programs / \$150.00 for Graduate Programs

**Application & Fee Due Date: December 15<sup>th</sup> (Late Fee Applied after Due Date: \$100.00)**

**Applications will not be accepted after January 31<sup>st</sup>**

## Personal Information

Name (As you would like it printed on your diploma): \_\_\_\_\_  
First Name Middle Name Last Name

Student ID Number: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Criswell Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Are you a US Military Veteran: ☐ Yes ☐ No

Are you an International Student: ☐ Yes ☐ No

Please provide the phonetic spelling of your name (how your name is pronounced, not how it is written). For example: Jane Liley (Jane Ligh-lee - rhymes with highly), Pei-Ling Huang (Pay-Lyn Hu-ang), Ravish Shekaraiah (Raveesh Shek-ra-ja)

Phonetic Spelling: \_\_\_\_\_  
First Name Middle Name Last Name

## Course Completion and Commencement Information

Term and year you plan to complete your coursework (ex. Spring of 2025): \_\_\_\_\_

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 Hometown (for printing in commencement program): City \_\_\_\_\_ State \_\_\_\_\_

## 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.

**INITIALS:** \_\_\_\_\_ 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

**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.

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## Personal Information

First, Middle, & Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Church Membership (Name and Location): \_\_\_\_\_

Current Church Ministry Position (if applicable): \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Permanent Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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## 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?

☐ Local Church Ministry ☐ Missions ☐ Counseling ☐ Education ☐ Business ☐ Politics ☐ Other \_\_\_\_\_

☐ I authorize the Registrar's Office to give the above-mentioned Personal and Post-Graduation Information to the Alumni Office.

☐ Do not give the above-mentioned Personal and Post-Graduation Information to the Alumni Office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_