

Application for Graduation *(Beginning with 2015 catalog)*

Office of the University Registrar
1100 E 5th St., Anderson, IN 46012-3495
Phone: 765.641.4164 Fax: 765.641.3015



Step 1. Fill out front and back of form and sign. Step 2. Have your advisor review and sign on the back. Step 3. Bring your approved application to the Office of the Registrar.

Preferred Name _____ **STUDENT ID** _____

Print your name as it is to appear on your diploma.

FIRST _____ **MIDDLE NAME OR INITIAL** _____ **LAST** _____

Home Address _____

STREET

CITY

STATE

ZIP CODE

E-mail _____ **Cell Phone** (_____) _____ - _____

List courses you are using to fulfill your Liberal Arts Requirements:
Please use course # eg. BIBL 2000 (See AccessAU Academic Reqs)

I desire to participate in the May 20____ commencement under the _____ - _____ catalog. I expect to complete all requirements for graduation by the following date:

FOUNDATIONAL

Reg Use

F1	LART 1050	<input type="checkbox"/>	<input type="checkbox"/>
F2	LART 1100	<input type="checkbox"/>	<input type="checkbox"/>
F3	ENGL 1100/1110	<input type="checkbox"/>	<input type="checkbox"/>
	ENGL 1120 or HNRS 2110	<input type="checkbox"/>	<input type="checkbox"/>
	Writing Intensive _____	<input type="checkbox"/>	<input type="checkbox"/>
	Writing Intensive (Upper) _____	<input type="checkbox"/>	<input type="checkbox"/>
F4	COMM 1000	<input type="checkbox"/>	<input type="checkbox"/>
	Speaking Intensive _____	<input type="checkbox"/>	<input type="checkbox"/>
F5	MATH _____	<input type="checkbox"/>	<input type="checkbox"/>
F6	BIBL 2000	<input type="checkbox"/>	<input type="checkbox"/>
F7	Personal Wellness _____	<input type="checkbox"/>	<input type="checkbox"/>

End of Sem I (Dec) End of Sem II (May)
End of Summer Session (Aug)

Major 1 _____

Concen 1 _____

Major 2 _____

Concen 2 _____

Minor 1 _____

Minor 2 _____

Ways of Knowing

W1	Christian _____	<input type="checkbox"/>	<input type="checkbox"/>
W2	Scientific _____	<input type="checkbox"/>	<input type="checkbox"/>
W3	Civic _____	<input type="checkbox"/>	<input type="checkbox"/>
W4	Aesthetic - Option A or B	<input type="checkbox"/>	<input type="checkbox"/>
	(A) 3 hrs or (B) 2 hrs _____	<input type="checkbox"/>	<input type="checkbox"/>
	& (B) 1 hr _____	<input type="checkbox"/>	<input type="checkbox"/>
W5	Social _____	<input type="checkbox"/>	<input type="checkbox"/>
W6	Language _____	<input type="checkbox"/>	<input type="checkbox"/>
W7	Second Language _____	<input type="checkbox"/>	<input type="checkbox"/>
	or Global/Intercultural _____	<input type="checkbox"/>	<input type="checkbox"/>
W8	Experiential		
	Approved Course _____	<input type="checkbox"/>	<input type="checkbox"/>
	Or Approved Activity _____	<input type="checkbox"/>	<input type="checkbox"/>
	(paperwork already submitted - Advisor's Signature required)		

Student Check

I have completed _____ hours.

Courses yet to be transferred in:

I have an "Incomplete Contract" for:

Courses I still need to enroll in:

ADVISOR'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE

REGISTRAR'S SIGNATURE

DATE

