



APPLICATION FOR GRADUATION

PLEASE PRINT YOUR NAME CLEARLY AND EXACTLY THE WAY YOU WOULD LIKE IT SPELLED ON YOUR DIPLOMA

Last Name First Middle Initial Student ID Number

Mailing Address City State Zip Code

Program Completing _____ Expected Graduation Date: _____

Ethnic Group: American Indian or Alaskan Native Hispanic Black, not of Hispanic Origin
 Asian Native Hawaiian or Other Pacific Islander White, not of Hispanic Origin

Parent or close relative's name Phone Number

Street Address City State Zip Code

- I **will be** walking in the May Commencement I **will not** be walking in the May Commencement
- I **would like** the above graduation information to be sent to my local newspaper (determined by address).
- I **would not** like my graduation information sent to the newspaper.