APPLICATION FOR GRADUATION

Graduate, Professional, and Doctoral Candidates Only

NCCU • OFFICE OF THE UNIVERSITY REGISTRAR • 1801 FAYETTEVILLE STREET • DURHAM NC 27707

Fall 2022

Please submit this form to your academic advisor for approval. The deadline to apply for Fall 2022 graduation is September 16, 2022. Your academic department must approve of your application before processing by the Registrar's Office. After the data from this form has been entered in Banner, your account will be charged with a non-refundable GRADUATION FEE of \$55. If you apply and do not graduate at the end of this term, then you must reapply again during the semester in which you expect to finish. The Graduation Fee is added to your account each time you apply. You must also obtain clearance from Student Accounting and Scholarships and Student Aid by the Monday before Commencement. Please direct all inquiries regarding invitations and caps and gowns to the University Bookstore.

BANNER ID NUMBER				
NAME (Please PRINT)				
	Please	e <u>PRINT</u> your <mark>official</mark> name exactly as i	t should a	ppear on your diploma.
PERMANENT ADDRESS	NUMBER AND STR	EET		
	CITY	STATE	2	ZIP
	(AREA CODE) TEL	EPHONE NUMBER	(CAMPUS E-MAIL ADDRESS
SELF-IDENTIFY - Are you a ve	eteran or current member	of any branch of the Armed Forces?	YES 🗆	NO
GRADUATION TERM Dece	ember May Summer	r (YEAR) Is this your 1st graduate	ate/profess	sional degree? YES NO
COLLEGE/SCHOOL (check one	e) Art, Soc S	Sci & Human.		Business Education
DEGREE FOR WHICH YOU AR Graduate & Professiona	,	\square_{MBA} \square_{MAT} \square_{MED} \square_{MIS}	\square_{M}	LS \square_{MMU} \square_{MPA} \square_{MSA}
MAJOR		CONCENTRATION	<u> </u>	MINOR
Have you applied for graduation b	pefore? LYES LNO	If yes, please indicate what semester	:	
		HAN ONE MAJOR, PLEASE SUBMI ION FOR THE SECOND MAJOR.	T INFOR	MATION ON THE SECOND MAJOR
2 ^N	D MAJOR (or joint degree	e)		
GRADUATE SCHOOL DEAN	*	* Signature Certification * By check		ELEPHONE NUMBER
ACADEMIC DEAN	*	this box I acknowledge that I am legal signing this document.	lly TE	ELEPHONE NUMBER
DEPARTMENT CHAIR	*	In place of your signature, please type name in the appropriate space.	your —	ELEPHONE NUMBER
ADVISOR	*		TE	ELEPHONE NUMBER
APPLICANT			DA	ATE SUBMITTED BY APPLICANT