

APPLICATION FOR GRADUATION

Undergraduate Candidates Only

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

May 2021

Please submit this form to your academic advisor for approval. The deadline to apply for May 2021 graduation is **February 19, 2021**. Your department must approve of your application before processing. 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. Please note that students who apply for summer degree completion will not receive their diploma until the December commencement. 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 **PRINT** your official name exactly as it should appear on your diploma.*

PERMANENT ADDRESS _____

NUMBER AND STREET _____

CITY _____

STATE _____

ZIP _____

() _____

(AREA CODE) TELEPHONE NUMBER _____

CAMPUS E-MAIL ADDRESS _____

SELF-IDENTIFY - Are you a veteran or current member of any branch of the Armed Forces? YES NO

GRADUATION TERM December May Summer Is this your 1st undergraduate degree? YES NO
(YEAR)

COLLEGE/SCHOOL (check one) Arts, Soc Sci & Human Health & Sciences Business Education

DEGREE FOR WHICH YOU ARE APPLYING: (check one below)

Undergraduate BA BS BBA BM BSN BSW

MAJOR

CONCENTRATION

MINOR

Have you applied for graduation before? YES NO If yes, please indicate what semester: _____

IF YOU ARE APPLYING FOR A DEGREE IN MORE THAN ONE MAJOR, PLEASE SUBMIT INFORMATION ON THE SECOND MAJOR BELOW AND COMPLETE A SEPARATE APPLICATION FOR THE SECOND MAJOR.

2ND MAJOR

ACADEMIC DEAN _____

DEPARTMENT CHAIR _____

ADVISOR _____

APPLICANT'S NAME _____

*

*** Signature Certification *** By checking this box I acknowledge that I am legally signing this document.

*

In place of your signature, please type your name in the appropriate space.

*

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

DATE SUBMITTED _____