SONOMA STATE UNIVERSITY

Office of Admissions & Records

GRADUATION APPLICATION:

Write your name **clearly** as you wish it to appear on your diploma _____ Student ID number _____

Current Address and Telephone
Local Street Address:
City/State/Zip:
E-mail:

Diploma Contact Information (This address will be used following your graduation date.)
Diploma Street Address:
City/State/Zip:
Phone number: ( )

I plan on graduating at the end of (indicate one):

Year:_____ Term: ◯ **Spring** ◯ **Summer** ◯ **Fall**

My degree will be a: ◯ **BA** ◯ **BFA** ◯ **BS** ◯ **BM**

Include my name on lists released to the media: yes no

If you would like to request Provisional Graduate Credit for course(s) taken in your final semester, put a checkmark in the PGC* column. Courses used toward your Bachelor's Degree are not eligible.

In the boxes below please write courses in-progress, incomplete courses you are finishing, and courses you will take in the future to meet degree, GE, and major/minor requirements. **Do not list courses already completed.**

Dept.	Number	Course Title	Units	Institution	Sem/Yr	mark "X" for Major	***PGC****

We have reviewed the student's plan and coursework to ensure all degree requirements will be met by their planned graduation date. Eligibility will be based on the student's ARR at graduation.

Major:	*Advisor's signature:*
(Concentration):	*Chairperson's signature:*
2nd Major:	*Advisor's signature:*
(Concentration):	*Chairperson's signature:*
Minor:	*Advisor's signature:*
[Note: If you have additional majors/minors please contact A&R.]	*Chairperson's signature:*

I have reviewed my ARR and planned coursework with my major department:	*Student's Signature:*	***Date:***

Data entered (Records use only):_____