

Undergraduate Application for Graduation Carson-Newman University

Last Name _____ First Name _____ Student Number _____

Name exactly how it should be printed on diploma _____

Applying for Graduation: May May Term July/Summer* Dec YEAR: _____

*July graduates Please indicate the ceremony in which you wish to participate ____ May or ____ December

Degree: BA BM BS BSN BBA Catalog Year graduating under: _____

Major _____ Second Major _____ Minor _____

Local Phone #: (____) _____ Cell Phone #: (____) _____

Local Mailing Address: (if different than home/permanent address)

_____ Street _____ City _____ State _____ Zip _____

C-N Box # _____ C-N Email _____ @ _____ . _____

Please check CN box and CN email regularly for communication regarding commencement

Hometown, State for printing in commencement program: City _____ State _____

Student Signature:	Date:
Advisor Signature:	Date:
Program Director Signature:	Date:
Registrar Signature:	Date:

INSTRUCTIONS:

Submit Application for Graduation and Copy of Evaluation to Registrar before the end of the semester in which 96 hours is completed.

- Any changes in course listings on degree plan must receive appropriate approval.
- Satisfactory completion of common degree requirements, general education and required major courses fulfill graduation requirements and ultimately rests with the student.

Graduation Check: C-N Hours _____ C-N GPA _____ Cum Hours _____ Cum GPA _____

Date Graduation Verified and Approved _____ by _____