

Undergraduate Application for Graduation Indiana University of Pennsylvania

Complete the information and return this form to the Management Department, 304A Eberly COBIT (IUP), 664 Pratt Drive, Indiana, PA 15705 USA. Ph. 724 357 2535; Fax 724 357 5743

Name (as it will appear on *your* diploma) **PLEASE PRINT OR TYPE CLEARLY!**

First	Middle	Last	Banner ID
			@

Primary Major	Minor
Secondary Major	Second Minor
Do you have a total of 150 or more credits and have declared two majors?	YES _____ NO _____

Check One (X)	Graduation Month	Graduation Year	Note (Please read carefully)
<input type="checkbox"/>	May		Enrolling in pre-summer or summer? If yes, then DON'T select MAY; rather select August (though you may "walk" in May).
<input type="checkbox"/>	August		
<input type="checkbox"/>	December		Enrolling in winter classes? If yes, then DON'T select December; rather select MAY of next year (though, you may "walk" in Dec.).

The address to which your diploma should be mailed:

Address:					
City		State		Zip	
Country (if not USA)		Phone		E-mail	

List courses currently enrolled in:

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List courses you will take next semester:

Course Number	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____