

AUGUST _____
 College of Natural Sciences and Mathematics
 Undergraduate Application for Graduation
 Indiana University of Pennsylvania

Complete the information and return this form to the **Office of the Dean, Room 305, Weyandt Hall.**
DEADLINE TO RETURN COMPLETED FORM – April 1

Name** (please print or type clearly): _____

First Middle Last

Banner ID@: _____ Advisor _____

Primary Major _____ Second Major _____

Minor _____ Second Minor _____

Degree (BS, BSED, BA) _____ Concentration/Track _____

****Your diploma will bear your full legal name in accordance with the PA State System of Higher Education Board of Governors' Policy. Your diploma name will be the same as your transcript name in URSA. If your legal name is different from your transcript name, please see the Registrar to correct.**

The address to which your diploma should be mailed:

 Name (_____) Phone Number (After Graduation)

 Address E-mail Address (After Graduation)

 City State Zip Country (if other than U.S.)

Courses in progress in this semester:

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

Total Number of Credits _____

Courses you plan to take during next semester:

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

Total Number of Credits _____

If you plan on taking additional courses (summer, winter), please check here _____ and list them on the back of this form.

(If you have obtained approval to complete your coursework at another institution please check here _____ and attach a copy of the approval form.)

Student's Signature _____ **Current Phone No.** (_____) _____

Date _____ **IUP E-mail Address** _____