Application for Graduation
Indiana University of Pennsylvania

Note: This application will only be accepted if a student is unable to apply for graduation via MY IUP

Graduation Date: Year _____ Check one: _____ May _____ August _____ December _____ January

Complete this form and submit it to your college Assistant Dean's Office.

Name (first, middle, last): _____

Current Phone Number _____ IUP Email Address _____

Banner ID _____ Level   Undergraduate   Graduate

Primary Major _____ Second Major _____

Minor _____ Second Minor _____

Certificate _____ Second Certificate _____

Other Programs of Study _____

Advisor/Program Coordinator Name _____

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 MyIUP.

The address to which your diploma should be mailed to:

_____   _____
Name   Phone Number (After Graduation)

_____   _____
Address   E-mail Address (After Graduation)

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

Are you transferring any additional credits that are not currently on your academic transcript? Please explain.

Student Signature _____   Date _____

_____

DEAN'S OFFICE USE: _____ Copy to Registrar's Office
                          (date)