



Campbellsville University - Office of Student Records
Application for Graduation - Undergraduate

U90

Instructions to student: Complete and return this to the Office of Student Records when you have completed 75 credit hours of course work for bachelors or 38 credit hours for associates. A degree audit will be prepared to indicate your progress toward the degree and program of study you indicate below.

ID **CU ID Number:** _____ **SSN:** _____ **Campus Mail Box Number:** _____

| | | | |
|---------------------|---|----------------|--|
| DIPLOMA NAME | Print your name as you want it to appear on your diploma. (If this changes before 4/1/2010, notify this office immediately.) | ADDRESS | Provide your permanent home address AFTER graduation. Notify the Office of Student Records of any change of address. |
| | First: _____ | | Home Address _____ |
| | Middle/ Maiden _____ | | City, State, Zip _____ |
| | Last: _____ | | Home Phone (with Area Code) _____ |
| | | | Work Phone (with Area Code) _____ |

DEGREE Indicate the degree you are working toward. Select only one.

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Associate of Arts* | <input type="checkbox"/> Bachelor of Arts* | <input type="checkbox"/> Bachelor of Social Work | <input type="checkbox"/> Computer Information Certificate |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Bachelor of Music | <input type="checkbox"/> Word Processing Certificate |
| <input type="checkbox"/> Associate of Nursing | <input type="checkbox"/> Bachelor of Science in Business Administration | <input type="checkbox"/> Medical Secretary Certificate | |

**The Associate of Arts and Bachelor of Arts degrees have foreign language requirements. Refer to your catalog-bulletin for more information.*

PROGRAM Indicate the academic program of study you are pursuing.

| | |
|--|--|
| <input type="checkbox"/> Area _____ | with an Emphasis in _____ |
| <input type="checkbox"/> 1st Major _____ | <input type="checkbox"/> 2nd Major _____ |
| <input type="checkbox"/> 1st Minor _____ | <input type="checkbox"/> 2nd Minor _____ |

Are you pursuing Teacher Certification? _____ Yes No

CATALOG Indicate the catalog you are using to complete your program. *All components of your program must be taken from a single catalog edition.*

2005-2007 2007-2009 Other _____ (Cannot pre-date your enrollment at CU)

DATE Indicate the year and term when you intend to complete all graduation requirements (courses, convocations, exit exams-if applicable, etc).

| | |
|--|--|
| <input type="checkbox"/> FALL 2009 - December 2009 | <ul style="list-style-type: none"> • The deadline to change your name or graduation date is March 1. Changes after this date will necessitate reordering your diploma at additional cost to you. • <u>If you do not meet all degree requirements by July 31, 2010, this application will be cancelled and you will need to reapply.</u> |
| <input type="checkbox"/> SPRING 2010 - May 2010 | |
| <input type="checkbox"/> SUMMER 2010 - July 2010 | |

SIGNATURE Sign and date the application here:

Signature _____ Date _____

Name of Area or Major Advisor (Signature not required)