APPLICATION FOR GRADUATION FORM

This form indicates degree completion only. Commencement ceremony information will be available mid-semester at www.carlow.edu/commencement.

I plan on graduating in: May 20 ____  August 20 ____ December 20 ____

**Please note that by applying for graduation, the fee will be billed to your student account for the term in which you have applied. This fee is a one-time fee.**

Students Name: ___________________________  ID#: ___________________________

This information will be used for your final transcript, your diploma, and the commencement program (as appropriate): Please print legibly.

Please print your name as you would like it to appear on your diploma:

________________________________________________________________________

The following information will be used in the commencement booklet. Please fill in required information:

Circle degree you are seeking:  PSYD  DNP  MFA  MBA  MED  MS  MSN  MSN MBA  BA  BS  BSN  BSW

(If you are seeking two different degrees, please circle all that apply)

List any/all major(s):

________________________________________________________________________

Please list name(s) of advisor(s):

________________________________________________________________________

Home city/state

________________________________________________________________________

Please fill in any/all minors you have completed. This will help us to ensure all information is correct for your final transcript.

1st Minor:

________________________________________________________________________

2nd Minor:

________________________________________________________________________

Specialization(s):

________________________________________________________________________

Applicants Signature and Date

________________________________________________________________________

Please provide an email address in case we need to reach you after graduation

The completed form should be returned to the Student Hub on the 2nd floor of Antonian Hall or it may be sent to the Registrar’s office at:

Office of the Registrar, Carlow University, 3333 Fifth Avenue, Pittsburgh, PA 15213

FAX 412-578-6689

Email: Registrar@carlow.edu