

CUTTINGTON UNIVERSITY
APPLICATION FOR GRADUATION

(This Form must be PRINTED, complete and submitted in Paper Format)

I, _____, a student of Cuttington University in good standing, hereby submit this Application for Graduation for the pending commencement on June _____, 20_____

Date of Entry: _____

Department: _____

School / College / Program: _____

Degree Sought (select one): Graduate [] Undergraduate [] Associate []

Student ID# : _____ Cell #: _____

Previous Degree (if any): _____

County/Country of Origin: _____

Student Signature: _____ Date: _____

Admissions Staff _____ (Received on) Date: _____

Application Review

Credit Hours Required: _____

Credit Hours Completed: _____

Signature of Department Chair: _____ **Date** _____

Comment/Recommendation: _____

Approved By:

Signature of Dean of School/College: _____ **Date** _____

Signature of Registrar: _____ **Date** _____

Signature (VPSGPS or VPAA or AVPCJC): _____ **Date** _____