



APPLICATION FOR GRADUATION

OFFICE OF THE REGISTRAR • 2020 East Maple St., North Canton, Ohio 44720-3336
Phone: 330-490-7367 • Fax: 330-490-7372

OFFICE OF THE REGISTRAR

Please print your name as you wish it to appear on your diploma and in the commencement program:

FIRST MIDDLE LAST

Please provide a phonetic spelling of your name:

FIRST MIDDLE LAST

Social Security Number - -

HOME ADDRESS

CITY STATE ZIP

() () () ()

HOME PHONE LOCAL PHONE WORK PHONE CELL PHONE

I expect to complete degree requirements in: Summer ____ Fall ____ Spring ____ Year ____

Do you plan to participate in the Winter Recognition Reception? Yes No

Do you plan to participate in the Spring commencement? Yes No

CAP & GOWN INFORMATION	
HEIGHT	WEIGHT

Summer graduates needing only 1 course to complete their requirements may file a petition to “walk” in the Spring commencement. The deadline to file a petition is February 1.

- DEGREE: Associate of Arts Bachelor of Science MBA
 Associate of Science Doctor of Physical Therapy
 Bachelor of Arts Master of Arts
 Bachelor of Science in Education

CAMPUS: _____

MAJOR 1: _____

MAJOR 2: _____

CONCENTRATION or TRACK: _____

MINOR 1: _____

MINOR 2: _____

STUDENT SIGNATURE

DATE :

APPLICATION DEADLINES
SPRING: SEPTEMBER 30 SUMMER: FEBRUARY 1 FALL: JUNE 1