GRADUATION APPLICATION (Part I) Print form duplex/front-back/2-sided

INSTRUCTIONS: Complete the following information. Meet with your academic advisor and major department chairperson to review degree requirements and obtain signatures on Part II. Submit completed form (with all required signatures) to the Registrar's Office.

			J WILL <u>FINISH</u> ALL COURSE RE eptember 30; May and August		
WILL COMPLETE DEGREE R			May (year) I to determine eligibility for degree		
LHU STUDENT ID#					
NAME FOR DIPLOMA (m	oust be consistent with n	ame recorded on un	iversity records as listed in I	myHaven)	
First Name	Middle N	ame	Last Name		Suffix
If your name is difficult t	o pronounce, please spe	ll as sounds:			
Permanent (Home) Ad	dress				
Street:					
City:			State:	Zip:	
Country, if not US:					
Phone (home):			Phone (cell):		
	ess:e e email address you will us		our LHU email expires 120 day	s after your last date of att	endance.**
must be officially declare the Registrar's Office to qualification for a dual m	ed in all degrees, majors, obtain a degree audit on najor or dual degree.	and concentrations your other major(s)	ate Graduation Application Only your primary major Refer to the Registrar's O	will provide a degree aud ffice web page for the de	it. Please contact efinition of and
Master's Degree			of Education Master		
Major/Concent	ration for the degree ind	icated:			
Bachelor's Degree	☐ Bachelor of Fine A	rts 🔲 Bachelor of	Arts Bachelor of Science Bachelor of Science	ence in Education	
	☐ Bachelor of Science	e 🔲 Bachelor of	Applied Science	elor of Science in Nursing	5
 Major/Concent 	ration for the degree ind	icated:			
Associate's Degree	☐ Associate Applied S	Science 🗖 Associat	te Arts Associate Science	ce 🗖 Associate Science I	Nursing
 Major/Concent 	ration for the degree ind	icated:			
graduation application.	If you have not officially	declared the minor	ne <u>Verification of Minor for</u> or if the Verification of Mir	nor form is not received, t	
Student's Signature				Date	

^{**}Commencement ceremony information will be sent in March to your email (LHU email if enrolled during the spring semester; permanent email provided above if not enrolled during the spring semester).**

GRADUATION APPLICATION (Part II)

LICANT NA			ID		
CC <u>M</u>	ourses, etc), ar <u>Iandatory</u> – Is th	nd those with an incomplete be course a requirement for gene	grade. Attached additional shee	I to be registered (i.e. winter interset if needed to provide all courses. es, make the appropriate selection. If ate as being mandatory.	
		Required – Is a minimum grade i t does not meet degree requirei		s such that if the student does not me	et the minimun
Session/ Year	Course Number	Course Title	Mand (If yes, indicate with	Minimum Grade Required (Indicate th minimum required grade.)	
			Gen Ed: This course only ORAny approved course	Major:This course only OR Any approved course	
			Gen Ed:This course only ORAny approved course	Major:This course only OR Any approved course	
			Gen Ed:This course only ORAny approved course	Major:This course only ORAny approved course	
			Gen Ed: This course only ORAny approved course	Major:This course only ORAny approved course	
			Gen Ed: This course only ORAny approved course	Major:This course only ORAny approved course	
			Gen Ed:This course only ORAny approved course	Major:This course only ORAny approved course	
			Gen Ed: This course only ORAny approved course	Major:This course only ORAny approved course	
— II. Н	ow many total	hours does the student's pr	rogram require (for programs wit	th hours other than 120.0 sh)?	
				ram (if other than 2.000)?	
				plete requirements?	
_	College/Unive		Course Number and Title	When Taken	
co in m	onsidered a gra idicated; (2) co ninimum credit	rrent information, I verify thi aduate of the session indicat ampletes incomplete courses thours and GPA of major/pro	ed if the student: (1) passes the	requirements in the major listed a above mandatory courses with th ited with "C" grade or better; (4) n irs and GPA.	e minimum gi
		·			
ISOR'S SIG	NATURE			DATE	
Advisor	's Name Printed _				
ARTMENT	CHAIR'S SIGNA	ATURE		DATE	

Department Chair's Name Printed _____