

# STUDENT

Illinois State University  
Office of the University Registrar  
Campus Box 2202  
Normal, IL 61790

## UNDERGRADUATE APPLICATION FOR GRADUATION

Date \_\_\_\_\_ University Identification No.\* \_\_\_\_\_

Please provide your name as desired on your diploma. (For processing only, please print Last, First, Middle and/or Maiden order.)

\_\_\_\_\_  
Last First Middle and/or Maiden  
Please provide a mailing address for your diploma. (Diplomas will be mailed approximately three months after the graduation date. Provide an address that will be valid at that time.)

\_\_\_\_\_  
Street Address Apt. # City State Zip Code

\_\_\_\_\_  
Non-ISU Email Address Phone Number

Choose the **month** that you will have all requirements for your degree completed:

May (May Commencement) August (May Commencement) December (December Commencement)

Choose the **year** that you will have all requirements for your degree completed:

2017 2018

Do you plan to participate in the Commencement Ceremony? Please select one: Yes No

If yes, please provide the pronunciation of your name. \_\_\_\_\_  
Example: Nicole Lee Tennis (Nicole Leigh Thoennes)

Please indicate the degree you plan to receive. (BS, BA, BSE, BM, BME, BFA, BSN, BSW) \_\_\_\_\_

Please check your curriculum: Non-Teaching OR Teaching

Primary Major \_\_\_\_\_ Second Major \_\_\_\_\_

Sequence \_\_\_\_\_ Sequence \_\_\_\_\_

First Minor \_\_\_\_\_ Second Minor \_\_\_\_\_

Will you be using transfer credit not currently on your record to complete your degree requirements?

Please select one: Yes No

Your Signature \_\_\_\_\_

CASHIER USE ONLY

Please submit this application in paper form:  
In person at the Student Accounts Building located at 605 West Dry Grove St. or  
by mail to: Illinois State University  
Student Accounts  
Campus Box 1210  
Normal, IL 61790-1210

Payment of the \$35 graduation fee is required by cash or check at the time of application.  
Checks should be made payable to Illinois State University.

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