

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:

2024 2025

Information about Commencement ceremony participation is available on the Commencement website:
<http://IllinoisState.edu/Commencement>

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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