

Application for Degree 2015-2016

| Name | Student ID #: |
|--|---------------|
| Please print the name (First Middle Last) you wish to appear on the diploma: | |
| | |
| Participation in Commencement: Students may participate in the May 8, 2016 graduation ceremonies regardless of term of completion for the 2015-16 academic year; degrees will be conferred in accordance with the date designated by the student on the Application for Degree provided all graduation requirements have been met satisfactorily. | |
| Hometown City, State/Country: | |
| Do you plan to attend commencement? Yes D No D Uncertain D (For planning purposes only) | |
| Undergraduate Graduate Degree: | |
| Major 1: | Major 2: |
| Minor 1: | Minor 2: |
| Term of Completion | |
| □ Spring term (degree conferred on May 8, 2016)-check only if classes officially end by 4/29/2016 (requirements must be completed by 5/5/2016 and app for degree received by Registrar by 4/1/2016) | |
| □ Late Spring term (degree conferred on May 30, 2016) (requirements must be completed by 5/15/2016 and app for degree filed with Registrar by 4/1/2016) | |
| □ Summer term (degree conferred on August 30, 2016) (requirements must be completed by 8/14/16 and app for degree filed with Registrar by 7/1/2016) Summer applicants wanting name in Commencement Program must submit application by 4/1/2016. | |
| Receipt of diploma: Diplomas are issued within 3-4 weeks following graduation, provided the student's account is paid in full. Diplomas can be picked up in the Registrar's Office or will otherwise be mailed to the student's permanent | |

full. Diplomas can be picked up in the Registrar's Office or will otherwise be mailed to the student's permanent home address on file with the college.

Certification by applicant:

- I have reviewed my academic progress with my advisor and will fulfill all course, GPA, and hour requirements for the above degree and major(s) as outlined in the college catalog.
- I agree to complete and receive my diploma under the term I have selected. If circumstances arise that prevent me from fulfilling my degree by the term listed, I understand it is my obligation to file a new application.

Signature:_____

Date:_____

Email, Mail or Fax signed and completed form to: <u>registrar@sckans.edu;</u> Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6245