Application for Degree 2017-2018



Name	Student ID	#:
Email Address	Phone Numbe	er
Degree: Bachelor of	D Master of	Doctorate of Education
Major 1:	Major 2:	
Minor 1:	Minor 2:	
Please print the name (First/Middle/Last) you wish	to appear on the diploma and commen	cement program. Use upper and lower case.
Hometown City, State/Country:	(For pu	blication in Commencement program)
Do you plan to attend commencement?	⊐ Yes □ No □ Uncertain	
Phonetic Spelling of Name:		

Please list any college work not yet submmited on an official transcript to Southwestern College (previously taken, in progress or planned) including name of school and courses or testing organization:

Term of Completion

□ Fall term (degree conferred on December 30, 2017) (requirements must be completed by 12/17/2017 & application for degree received by Registrar by 11/1/2017)

□ Spring term (degree conferred on May 13, 2018) - check only if classes officially end by 5/4//2018 (requirements must be completed by 5/10/2018 & application for degree received by Registrar by 4/1/2018)

□ Late Spring term (degree conferred on May 30, 2018) (requirements must be completed by 5/13/2018 & application for degree received by Registrar by 4/1/2018)

□ Summer term (degree conferred on August 30, 2018) (requirements must be completed by 8/12/18 & application for degree received by Registrar by 7/1/2018) Summer applicants wanting name in Commencement Program must submit application by 4/1/2018.

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 acknowledge that participation in the commencement ceremony does not guarantee that I have met all degree requirements.

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