

Application for Degree 2018-2019

Name	Student ID #:										
Email Address	AddressPhone Number										
Mailing Address (for Diploma)											
City		_ State		Zip _							
Degree: ☐ Bachelor of [☐ Master o	of			[] Do	octora	te o	f Educ	ation	
Major 1:		Major 2:									
Minor 1:	I	Minor 2:		,							
Please print the name (First/Middle/Last) you wish to ap	pear on the	e diploma and	d comme	ncemen	nt progra	am. U	lse upp	oer a	ınd low	er case	
Hometown City, State/Country:											
☐ Summer term (degree conferred on August 30, (requirements must be completed by 8/11/19 & app Summer applicants wanting name in Commencements)	plication f							19)			
Certification by applicant:											
 I have reviewed my academic progress with the above degree and major(s) as outlined 				course,	GPA,	and	hour r	equi	iremer	nts for	
 I acknowledge that participation in the com requirements. 	menceme	nt ceremon	y does n	not guar	rantee t	that I	have	me	t all de	gree	
Signature				Date:							

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