## Application for Degree 2019-2020



Name	Student ID #:	
Email Address	Phone Number	
Mailing Address (for Diploma)		
City		State Zip
Degree:  Bachelor of	🛛 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	commencement program. Use upper and lower case.
Hometown City, State/Country: Do you plan to attend commencer		_ (For publication in Commencement program)
Phonetic Spelling of Name:		
	submmited on an official transcript t e of school and courses or testing o	o Southwestern College (previously taken, in rganization:
	Term of Completion	1
□ Fall term (degree conferred on L (requirements must be completed b		ree received by Registrar by 11/1/2019)
	on May 10, 2020) - check only if clas y 5/1/2020 & <b>application for degre</b>	ses officially end by 5/1//2020 e received by Registrar by 4/1/2020)
Late Spring term (degree confe (requirements must be completed b		ee received by Registrar by 4/1/2020)
Summer term (degree conferred (requirements must be completed b)		a reactived by Desisters by 7/1/2020

(requirements must be completed by 8/9/2020 & **application for degree received by Registrar by 7/1/2020**) Summer applicants wanting name in Commencement Program must submit application by 4/1/2020.

## 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