Application for Degree

SOUTHWESTERN COLLEGE 1885

Name _____ **Student ID #**: _____

Email Address (personal) _____ **Phone Number**_____

Mailing Address (for Diploma) _____

City _____ **State** _____ **Zip** _____

☐ **Please check if your address needs updated**

Degree: ☐ Bachelor of _____ ☐ Master of _____ ☐ Doctorate of Education_____

Major 1: _____ **Major 2:** _____

Minor 1: _____ **Minor 2:** _____

Certificate 1: _____ **Certificate 2:**_____

Please print the name (First/Middle/Last) you wish to appear on the diploma and commencement program. Use upper and lower case.

First:																																		
Middle:																																		
Last:																																		

Hometown City, State/Country: _____ (For publication in Commencement program)

Do you plan to attend commencement? ☐ Yes ☐ No

Phonetic Spelling of Name: First:_____**Middle:** _____**Last:**_____

Please list any college work not yet submitted 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 30th)* (requirements must be completed by December 15th & **application for degree received by Registrar by November 1st**)
☐ **Spring term** *(degree conferred on day of Commencement)* - (requirements must be completed by last day of classes & **application for degree received by Registrar by April 1st**)
☐ **Late Spring term** *(degree conferred on May 30th)* (requirements must be completed by May 15th or last day of classes & **application for degree received by Registrar by April 1st**)
☐ **Summer term** *(degree conferred on August 30th)* (requirements must be completed by August 15th or last day of classes & **application for degree received by Registrar by July 1st**) Summer applicants wanting name in Commencement Program must submit application by April 1st.

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: registrar@sckans.edu;
Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6245