

GRADUATION APPLICATION

To Be Completed By Applicant

Name: _____
First-Middle-Last (Please print name exactly as you want it to appear on your diploma)

Address: _____
(Please enter address diploma should be mailed to)

WVU ID: -- Phone: _____ Email: _____

I wish to graduate with a Regents Bachelor of Arts Associate in Arts
 Bachelor of Applied Science Associate in Applied Science

MAJOR/Area of Emphasis → _____

I am also eligible to receive an Associate in Applied Science Associate in Arts

MAJOR → _____

I wish to graduate in the year 20 at the end of: Spring Summer Fall

I plan to participate in the spring graduation ceremony: yes no
(If yes, visit the PSC Bookstore for cap and gown information.)

If you wish information about your graduation to remain confidential (your name will not be printed in the graduation program or released to the news media), please contact the Office of Enrollment Services at 304-788-6820.

Signature of Applicant: _____ Date: _____

To Be Completed by Adviser

Substitutions/Waivers/Comments: _____

Signature of Adviser: _____ Date _____

To Be Completed by Dean of Academic Affairs

	Date:	Date:
Credits Transferred from another Institution		
Credits Completed in Morgantown		
Credits Earned at PSC*		
Credits in Progress		
Total Credits (to be completed at time of certification)		
Current GPA		

*exclusive of foundations courses

Honors

- Student will not be eligible for graduation as requested
- Student is progressing toward Graduation as requested and may participate in the graduation ceremony.

Comments: _____

Dean of Academic Affairs

Date

I hereby certify that the student named above has met all the requirements for the degree applied for in this application.

Dean of Academic Affairs

Date