

SUU

APPLICATION FOR GRADUATION
(For Masters Degree Only)

Office of the Registrar

Date: _____

T# _____ Name: _____

Last

First

Middle

Major: _____

Degree: **Master of Arts in Professional Communication** Emphasis: _____

How do you wish your name to appear on your diploma:

First

Middle

Last

Local Address: _____ Zip: _____ Phone: _____

Street

City

State

Permanent Address for mailing diploma:

Home State: _____

Street

City

State

Zip

(For President=s statistics)

Spouse=s name (if applicable): _____ Is spouse also graduating? Yes / __ / No / __ /

Spouse=s

degree: _____

Ethnic: (For Federal Reporting) _____

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