🖾 FULLER

APPLICATION FOR GRADUATION

Student Number	Last Name		First Name	Mid	dle Name
Home Address					Area Code and Home Telephone Number
City		State	Zip/Postal Code	Nation	1
E-Mail Address U Home U Work					
This application should be filed with your academic advisor during your last year of study, as soon as you can determine with reasonable certainty in which quarter you will complete all requirements for your degree. It is recommended that it be filed no later than the beginning of the quarter prior to your last quarter. To participate or be listed in June Commencement activities in any way, it must be filed no later than March 1.					
PROPOSED GRADUATION DATE: Quarter Year					
Enter the quarter in which you will complete all requirements for your degree. You must complete all requirements by the last day of that quarter in order to be eligible to graduate that quarter. Attendance at Commencement in June is not the same as graduation; ask your advisor or the Registrar's Office for details.					
SCHOOL: School of Theology School of Psychology School of Intercultural Studies					
DEGREE: CONCENTRATION (if relevant):					
YOUR NAME EXACTLY AS IT IS TO APPEAR ON YOUR DIPLOMA:					
Please type or print clearly. Do not use all upper case letters; names will appear in mixed upper and lower case. We cannot print nicknames, titles, degree names (e.g. Ph.D., M.D., etc.) as a part of the name line on the diploma. We cannot print names that are significantly different from your legal name as entered in our records. Your name will also appear in the Commencement program as you provide it here. DIPLOMA: Please provide a reliable address as your mailing address for your diploma (6 weeks or more after the end of the quarter):					
	iable address as yo	our mailing address f	or your diploma (6 weeks or m	ore after t	
Address					Area Code and Telephone Number
City		State	Zip/Postal Code	Nation	
What kind of address is this?	Home	Business/	Church/Mission 🔲 "Per	manent" fo	rwarding address (relative or friend)
COMMENCEMENT: Please indicate whether or not you are planning to attend Commencement exercises <i>in Pasadena</i> in June of the current academic year. (Note: Arrangements for any Regional Campus Commencement will be handled through your Regional Campus office.)					
I plan to attend i	n Pasadena	🔲 I hav	ve already attended <i>in Pasad</i> e	ena for this	degree
I do not plan to attend in Pasadena I plan to attend a Regional Commencement on campus					
If your proposed graduation date is the end of Summer Quarter, and you are requesting permission to participate in any June Commencement activities preceding this date, a signed copy of the <i>June Commencement Prior To Summer Graduation</i> policy must be submitted with this Application. Please initial to indicate that you have received a copy of the Summer Grad Policy and understand its provisions: (Initials)					
REGALIA INFORMATION (please supply this information even if you are not planning to attend)					
HEIGHT:	HAT/C	CAP SIZE if known:	SHI	RT/BLOUS	SE SIZE:
YOUR HOMETOWN should be	listed as:				
	City	1	State		Nation (if not United States)
	at failure to comple	ete the degree require	ements by the end of the quart	er indicate	I be completed by the end of the quarter d above for any reason (including taking
Signature of Student				Date	
Signature of Advisor				Date	