

Western Connecticut State University
Application for Degree

PLEASE PRINT ALL INFORMATION REQUESTED BELOW

Month of Graduation: May August January Year of Graduation : _____

Application Deadlines: May graduation (October 1); August graduation (February 1); January graduation (April 1).
This form is guaranteed to be processed only if submitted by the appropriate deadline.

Name: _____ I.D.# _____
(Exactly as you want it to appear on your diploma)

Permanent Address: _____
Street, City, State, Zip Code

Local/Campus Address: _____

Telephone #: _____ DATE OF BIRTH _____
Permanent Local

DEGREE

- | | |
|--|--|
| <input type="checkbox"/> Associate in Science | <input type="checkbox"/> Bachelor of Business Administration
Major or Concentration _____ |
| <input type="checkbox"/> Bachelor of Music
Concentration: _____ | <input type="checkbox"/> Bachelor of Science
Major or Concentration _____ |
| <input type="checkbox"/> Bachelor of Arts
Concentration _____ | <input type="checkbox"/> Minor: _____ |

You are responsible for informing the Registrar's Office in writing about any changes made after you receive your evaluation. All transcripts for classes taken at other institutions must be sent to the Registrar's Office.

Your diploma will be mailed to you approximately one month after graduation contingent upon official approval by your department and the office of the Registrar. In addition, all fees owed the University must be paid before you will receive your degree.

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

TOTAL EARNED AT W.C.S.U	_____	JR. YR. ADMIT	YES _____	NO _____
TOTAL PASS/FAIL	_____			
TOTAL EXAM CREDITS	_____	LANG. REQ. MET	YES _____	NO _____
TOTAL TRANSFER CREDITS	_____			
TOTAL INCOMPLETES	_____	PE WAIVER	YES _____	
TOTAL IN PROGRESS	_____			
GRAND TOTAL	_____	Q.P.A.	_____	

NEEDS: _____