

DOCTORAL GRADUATION APPLICATION

APPLICATION FOR DEGREE

Must be submitted to Registrar's Office

By: Fall Completion – October 1

Spring / Summer Completion – January 15

NAME:	
Student ID:	-
Semester to Complete Degree:	-

Spring / Summer completion Sundary 15	
NAME: EXACTLY THE WAY IT WILL APPEAR ON YOUR DIPLO	
Titles such as Mr., Mrs., Reverend, Elder, etc. are	e NOT included
Middle name or initial is usually included.	
Name:	
Phonetic Pronunciation (if needed):	
CONTACT INFORMATION : Please use address AFTER gradu	uation
Mailing Address:	
Phone: Cell Home	
Email:	
Dissertation Title:	
Attendance:	
I will be attending the following Graduation Activities.	
	Commencement
I will NOT be able to attend Graduation Activities. I will r	need to graduate "in Absentia".
Reason:	
Poquiromonts	
Requirements:	
I understand I need to complete the Graduate Survey.	
I understand all financial arrangements need to be made	to participate in graduation activities.
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	g information is require raduation, this must be filled	•	galia fits properly.	
Heigh	nt: ft inch	es Weight: __	lbs	
Bachelor's D	egree Information:	_	=======================================	
School:		Degree:	Major:	
Other Degre	ees:			
		Degree:	Major:	
School:	[Degree:	Major:	
School:	1	Degree:	Major:	
	•		rar's Office to add the gradua ment at Calvary University.	tion fee(s) to my semester
STUDENT SIGNATU	JRE		DATE	
======= Application for	Degree must be completed Registrar's Office Calvary University 15800 Calvary Road	======================================	=======================================	
	Kansas City, MO 64147-1	.341 <u>OR</u> faxed (816	5-331-4474)	

OR e-mailed (registrar@calvary.edu)