



SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
APPLICATION FOR GRADUATION

OFFICE USE ONLY
Cat. Term: _____

Application Deadline: Applications are due no later than the first day of the term in which you expect to complete all degree requirements and require a payment of \$60.00 to the Bursar's Office. STUDENTS WHO SUBMIT AN APPLICATION AFTER THE DEADLINE RISK THEIR NAME BEING EXCLUDED FROM THE COMMENCEMENT PROGRAM.

Student Identification Number: 8 0 0 _____

Please print the name (First/Middle/Last) you wish to appear on your diploma. Limit to 30 characters, including periods, spaces, or other punctuation, in the boxes provided below. Use upper and lower case.

Grid of 30 boxes for name entry

Graduation Term: PLEASE SELECT THE TERM IN WHICH YOU WILL COMPLETE ALL DEGREE REQUIREMENTS.

YEAR: 20__

SEMESTER: (Check one)

- I will complete all of my degree requirements by the end of Fall (December).
I will complete all of my degree requirements by the end of Spring (May).
I will complete all of my degree requirements by the end of Summer (August).

Students who fail to meet all graduation requirements within three consecutive terms, beginning with the initial application term above, will be required to re-apply and pay an additional \$60.00 fee by the first day of the term in which requirements will be completed.

Degree Sought (Please check one): BACHELOR'S MASTER'S OTHER

Major/s: 1. _____ 2. _____

Minor/s 1. _____ 2. _____
(Undergraduates only)

E-Mail Address: _____

Daytime Telephone Number: _____

What is MOST LIKELY to be your PRINCIPAL activity upon graduation?

- Employment, full-time paid
Employment, part-time paid
Graduate or professional school, full-time
Graduate or professional school, part-time
Additional undergraduate coursework
Military Service
Volunteer activity (e.g., Peace Corps)
Starting or raising a family
Other, please specify: _____

*Commencement participation is arranged separately. Please visit the Commencement website at www.siu.edu/commencement for information.

** Students who graduate fall semester may be subject to significant decreases in their financial aid. Please check with the Office of Student Financial Aid before submitting this application.

***By signing, you authorize your inclusion in all graduation-related publications, including the commencement program and the ALESTLE. If you wish to be excluded from SIUE graduation-related publications, please contact the Graduation staff at graduation@siue.edu.

Student Signature: _____ Date: _____

By signing this document, you acknowledge that you have thoroughly read and agree to the statements above. In addition, you acknowledge that participating in a commencement ceremony does NOT guarantee that you have met all degree requirements. Your degree cannot be officially awarded until the successful completion of all required coursework is confirmed by instructors and advisors.

-----DO NOT WRITE BELOW THIS LINE-----

Graduation Fees Received by Bursar:

SERVICE CENTER, SIUE, RENDLEMAN HALL, ROOM 1309, EDWARDSVILLE, IL 62026-1080
Phone: 618.650.2263 or 618.650.2282 Fax: 618.650.3332 E-mail: graduation@siue.edu