

OAKWOOD UNIVERSITY APPLICATION FOR GRADUATION

Effective: Spring 2018 (For Spring Graduates 2019) Registrar's Office

PRINT/T	YPE your lit to appear	NAME exactly as on your diploma					5	Student ID#	
Address	it to uppeur	on your capanin							
		Street/Route/Box #		SocialSecurity Number					
Address	City	State	Zip		Telephone: Ce	ll/Home	W	ork	
Permanei	nt address:		City			State	Zip	Telephone	
E-Man ac	idress (Oa	kwood College official e-mail add	aress):						
Major(s)Concentration				tion(s)Minor(s)					
Expected (You may	Graduation graduate u	on (Semester/Year: Fall, Spring, sing the catalog in effect the year y	you enrolled or th	ne one in ef	fect at the time of g for: (check on	of graduation	catalog/bulletin year to .)	be used:	
BA -	Bachelor o	of Arts BS – Bachelor of Science					or/Business Administrati	ion Bachelor/Socia	al Work
AA –	Associate	of Arts AS – Associate of Sci							
TO BE C	COMPLET	ED BY THE APPLICANT:	Have	e you com		4	10		
 Removed all incomplete grades Ye 			Yes	No Outstanding Courses/Comments:					
			Yes	S No No					
• Has a grade of "C" or better in Major and/or Minor Yes				∐ No [╛ │ <u></u>				
Completed the Major and/or Minor Track Ye			Yes	∐ No [<u> </u>				
• Taken the English Proficiency Exam Yes				∐ No [<u> </u>				
• Taken the Departmental Exit Exam Ye			Yes	∐ No [▋				
• Is the student currently enrolled Yes			∐ No [
•	Substitution	ons (attach sheet indicating substitu	utions) Yes	No [
APPLICA	TION FO	R GRADUATION (AFG)/FINAL	YEAR SCHEDU	ULE (FYS)	TO BE COMP	LETED BY	THE STUDENT: List co	urses to complete degr	ee.
Course	Fall Course Schedule /Term: Fall 2017 Course # Course Title		Fall 2017	Credit Hours	Course #	Spri	1 0		Credit Hours
Course		Course Title		Hours	Course II		Course Title		Hours
		Total					Total		
Notice: Re	equirements	s approved as submitted on AFG/F	YS. No changes	made with	out approval of	department o		delay your date of gradu	uation.
Applicant's Signature Advisor's Sign				ature Chairperson's Signature					
			ure	Date of Signature					
	<i></i>		8						
University planned to NW, Hu	y, mail to term of grad ntsville, A	ON FEE IS NON-REFUNDABI the address listed below or mak- uation. Complete with Advisor/ L 35896. (FEE: Student 16. Please see attached letter reg	e payment in the /Department Ch. Accounts Office	e Student air and su e, if mail	Accounts Office that this form ed include case	e. This appl to: Registr hiers' checl	ication should be submit	ted at least one year pri I niversity, 7000 Adver	ior to your ntist Blvd,
	ving inform	ation is used to comply with feder Sex	ral, state and instit		porting guideline	es:			
	/	Male Female	Black	Caucas	sian Hispa	nnic A	merican Indiana/Alaskan	Asian/Pacific Isla	ander
For Office U	se Only (Regis	trar's Office)				For Office Us	e Only (Student Accounts)		
Date Received Date Processed						Fee Paid		Date Fee Paid	