# FLORIDA ATLANTIC UNIVERSITY

Office of the Registrar

## APPLICATION FOR DEGREE

**INSTRUCTIONS TO STUDENTS:**

1. **Students MUST meet with their advisors prior to submission of the Application for Degree.**
2. Fill out all parts of this application. **This form cannot be processed unless it is complete.**
3. Take this application to the Dean of your College and obtain preliminary approval (signature).
4. Application must be returned to the Registrar's Office, Student Support Services Building, (SU 80) Rm.144 by the deadline indicated in the University Calendar (see latest catalog issue). An application received after the deadline cannot be honored.
5. If you anticipate receiving more than one degree, please file a separate form for each

Last Name First Name Middle Name

Z STUDENT ID NUMBER

DATE OF BIRTH

*DO YOU PLAN TO CONTINUE YOUR STUDIES AT FAU?* ☐ Yes ☐ No

**EXPECTED TERM OF GRADUATION:** FALL 20_____ SPRING 20_____ SUMMER 20_____

**CHECK APPROPRIATE COLLEGE:**

- ☐ Dorothy F. Schmidt College of Arts and Letters
- ☐ College of Business
- ☐ College of Education
- ☐ College of Engineering & Computer Science
- ☐ Harriet L. Wilkes Honors College
- ☐ Christine E. Lynn College of Nursing
- ☐ Charles E. Schmidt College of Science
- ☐ College for Design and Social Inquiry
- ☐ Charles E. Schmidt College of Medicine

**CHECK APPROPRIATE DEGREE:**

- ☐ Doctoral Degree
- ☐ Masters Degree
- ☐ Specialists Degree
- ☐ Bachelors Degree
- ☐ 2nd Bachelors Degree

**DEGREE SOUGHT:** _____ /MAJOR:_____ /MINOR:_____
(PLEASE CHECK WITH YOUR ADVISOR FOR CORRECT DEGREE)

**SECOND MAJOR:** _____ _____
(if student is seeking double majors) Department signature

**ADDRESS TO WHICH DIPLOMA WILL BE MAILED:**

_____
Street No. City State Zip

Current telephone number: _____
Area Code Number E-mail

Where will you be attending classes during the term in which you expect to graduate: ☐ Florida Atlantic University

☐ Jr./Community College_____ ☐ Other_____

**IF YOU ARE TAKING A COURSE(S) AT AN INSTITUTION OTHER THAN FAU, LIST THE COURSE(S) BELOW:**

| | Course Prefix Number | Credit Hrs. | Course Title |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

**PLEASE ANSWER THE FOLLOWING:**

**GRADUATES**

Approved Plan of Study on file at Graduate College? ❒ Yes ❒ No _____ _____
For Graduate Dean or Designee, Approval of Graduate College Date

**I understand that I must complete the required FAU Graduating Student Survey and that I will be unable to receive a transcript until the survey is complete.**
**I accept all conditions pertaining to the acceptance of this application, and certify that all information provided by me on this form is true and accurate.**

Student Signature _____ Date_____
**I certify that a pre-graduation check has been performed on the above named student.**

Recommendation approved by Dean _____ Date_____

Please Print Name_____ Date_____

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