

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 Middle Name Last Name First Name Z DATE OF BIRTH STUDENT ID NUMBER DO YOU PLAN TO CONTINUE YOUR STUDIES AT FAU? Yes □ No **EXPECTED TERM OF GRADUATION:** FALL 20 SPRING 20 SUMMER 20 **CHECK APPROPRIATE COLLEGE: CHECK APPROPRIATE DEGREE:** Dorothy F. Schmidt ☐ Charles E. Schmidt Doctoral Degree College of Arts and Letters College of Science Masters Degree □ College √ ¦ÁÖ^•ãt}, College of Business Specialists Degree and U &a day AQ and U and U and U and U and and U and a and College of Education □ Bachelors Degree \square College of Engineering $\stackrel{\text{(As)}}{\bowtie}$ $\stackrel{\text{(a)}}{=}$ $\stackrel{\text{(A)}}{\bowtie}$ $\stackrel{\text{(A$ 2nd Bachelors Degree T ^åicã ^ ☐ Harriet L. Wilkes Honors College Christine E. Lynn College of Nursing **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. State Zip Current telephone number: _ Area Code Where will you be attending classes during the term in which you expect to graduate: Florida Atlantic University □ Jr./Community College 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: **UNDERGRADUATES** 1. Are "Gordon Rule" requirements met? ☐ Yes □ No **GRADUATES** Approved Plan of Study on file at Graduate College? ☐ Yes ■ No For Graduate Dean, Approval of Graduate College 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. Date. I certify that a pre-graduation check has been performed on the above named student.

Recommendation approved by Dean _

Please Print Name

Date