

## 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

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<input type="text" value="Z"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STUDENT ID NUMBER
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	DATE OF BIRTH
DO YOU PLAN TO CONTINUE YOUR STUDIES AT FAU? <input type="checkbox"/> Yes <input type="checkbox"/> 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:** \_\_\_\_\_ Department signature \_\_\_\_\_  
 (if student is seeking double majors)

**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, 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 \_\_\_\_\_