



For Office Use Only			UEE 3/7/16 BW
Cashiers	Records	Evaluations	
Date Paid	DATA/GRAP	Form Sent	
Receipt #	Term Applied	Graduation Date	
Received By	Term Activate	Form Due	
	Plan/Sub-Plan	Form Received	

Application for Graduation

Extended Education

Instructions: (1) Fill out the form in its entirety. (2) Read all instructions on reverse side before completing. (3) Submit the completed form to Extended Education, MSR 180.

1. University ID#: _____ 2. Name: (Please PRINT) _____ Date: / /

3. PRINT your name exactly as you wish it to appear on your diploma. (Please use caps and spaces where applicable)

4. MAILING Address: _____ Telephone #: () - _____

Street # & Name _____ City _____ State _____ Zip _____

DIPLOMA Address: (a) Check this box if the same as mailing address: (b) If different, complete this line:

Street # & Name _____ City _____ State _____ Zip _____

NOTE: Please notify Enrollment Services if your diploma mailing address changes AFTER you have submitted this form.

5. Term and Year in which fulfillment of graduation requirements is anticipated:

Spring _____ year Summer _____ year Fall _____ year

6. Degree, Major, and Concentration (if any):

Degree _____ Major _____ Concentration _____

7. Minor: (if no minor is to be completed, state "NONE") _____

8. Have you applied for this degree before? If yes, for what term/year _____

9. Please list all colleges and universities attended (including CSU, Stanislaus).

College or University	Month and Year Entered	Month and Year Left (or Will Leave)

10. Do you desire to continue enrollment at CSU, Stanislaus for postbaccalaureate coursework after you complete degree requirements? Yes No

If "yes", you should immediately obtain and Application for Admission from the Graduate School, MSR 120.

I certify that the information submitted in this application is complete and correct and that I have not registered or attended any other institution than those listed on this application.

_____ / /
Student Signature Date