Stetson University

APPLICATION FOR GRADUATION

Full Legal Name _____
First **Full Middle** **Last**

(Please PRINT clearly. This is how your name will appear on your diploma and in the Commencement Program, and MUST match the name maintained in the Office of the Registrar.)

Student ID _800_ _____

I plan to complete all the work for my degree by: Month_____ Year _____

Degree (BA, BS, BBA, BM, BME, EDS, MA, MS, MBA, MACC, MED) _____ Major(s)_____
Minor(s)_____

Campus (circle one) Celebration DeLand Gulfport

Home Address (will be printed in Commencement Program) City_____ State_____

Permanent Mailing Address _____
Street or PO Box

_____
City State Zip

Local Phone #_____ Cell Phone #_____ E-Mail _____

Date _____ Signature_____

Provide the following for the appropriate cap and gown order: Height_____ Weight_____

REMINDER: If you do not plan to attend Baccalaureate and Commencement exercises, you must notify, ***in writing****, Ms. Linda King, Registrar's Office. (Fax 386-822-7146)*

GRADUATION FEE **Graduate Students: $125** **Undergraduate Students: $100**

There is a $25.00 late fee for applying late – please make note of this date each semester in the Academic Calendar.

Fee is required regardless of whether or not you participate in commencement.
THIS FEE MUST BE PAID FOR YOUR APPLICATION TO BE PROCESSED.

Check ___ Cash ___ Credit Card Name and # _____ Exp. Date _____
3 digit security code from back of card also required
Amt. Paid _____ Received by_____ Date received _____

Original – registrar
Yellow – bookstore
Pink – graduate office
Goldenrod - student

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