



\*Must apply two semesters prior to the semester of graduation.

# \*APPLICATION FOR GRADUATION

Print application, complete and return to the address or fax listed to the right.

Fax, mail, or deliver to:  
OFFICE OF THE REGISTRAR  
119 Bibb Graves Hall, UNA Box 5044  
Florence, AL 35632-0001  
P: 256.765.4449 F: 256.765.4711

**Graduation Fee is \$30--Payment is due at time application is submitted.**

Fax to: 256.765.4711 along with credit card information (check appropriate card):

- AM Express    Mastercard   Card # \_\_\_\_\_
- Discover    Visa   Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

FOR OFFICE USE ONLY	
\$30 Receipt No.	_____
Date Paid	_____
\$3.50 Receipt No.	_____
Date Paid	_____

1. Legal Name \_\_\_\_\_  
Last First Middle Maiden

2. Print your FULL name below as it is to appear on the diploma:

\$20 FEE TO CHANGE NAME ON DIPLOMA AFTER DIPLOMAS HAVE BEEN ORDERED

3. Town or city (what you consider your hometown) to appear by your name on the commencement program.  
(please complete even if you choose **NOT** to attend commencement exercises)

City, Country or City, State \_\_\_\_\_

4. **Please check:**  **WILL NOT ATTEND** or  **WILL ATTEND** commencement exercises. You are **required** to attend graduation exercises and graduation rehearsal unless you check WILL NOT ATTEND and fill in address for mailing of diploma below.

Mail Diploma to: \_\_\_\_\_  
ZIP \_\_\_\_\_

*ALL SUMMER diplomas will be mailed one week following the close of Summer term. Please complete the section above for address to mail diploma. If you check "will attend" you will walk with December graduating seniors and receive diploma cover at that time.*

5. Student ID number (REQUIRED): \_\_\_\_\_

## ..... DEGREE APPLIED FOR .....

*All applicants for master's degrees (except MSN & MBA) must see advisor to obtain a copy of admission to candidacy and program of study. MUST INCLUDE WITH APPLICATION.*

6. (a) Academic Adviser \_\_\_\_\_

(b) Degree: (Check one below):

- |  |  |   |
|--|--|---|
| Education Specialist <input type="checkbox"/>                  | Bachelor of Arts <input type="checkbox"/>            | Bachelor of Science in Music <input type="checkbox"/>                       |
| Master of Arts in History <input type="checkbox"/>             | Bachelor of Fine Arts <input type="checkbox"/>       | Bachelor of Business Administration <input type="checkbox"/>                |
| Master of Arts in Education <input type="checkbox"/>           | Bachelor of General Studies <input type="checkbox"/> | Bachelor of Science in Education (Elementary Only) <input type="checkbox"/> |
| MBA <input type="checkbox"/>                                   | Bachelor of Arts in Music <input type="checkbox"/>   | P-3 certification <input type="checkbox"/>                                  |
| Master of Arts in English <input type="checkbox"/>             | Bachelor of Science <input type="checkbox"/>         | Bachelor of Science in Nursing <input type="checkbox"/>                     |
| Master of Science in Criminal Justice <input type="checkbox"/> |  | Bachelor of Social Work <input type="checkbox"/>                            |
| Master of Science in Nursing <input type="checkbox"/>          |  |   |
| Master of Arts <input type="checkbox"/>                        |  |   |

### Certification Only - DO NOT apply - no diploma issued - (do not pay \$30 fee)

7. (a) Major(s) \_\_\_\_\_ (b) Concentration \_\_\_\_\_

8. (a) Minor(s) \_\_\_\_\_ (b) Additional Certification \_\_\_\_\_

9. Under which catalog year is your degree of study? (**this is not your expected graduation date**) \_\_\_\_\_

10. Semester you expect to graduate?   **Fall 20** \_\_\_\_\_   **Spring 20** \_\_\_\_\_   **Summer 20** \_\_\_\_\_

*Valid only for term indicated. If you change term you must complete a change of graduation form.*

11. Will you be enrolled at UNA the semester of your graduation? Yes  No

*If no, check one:* requirements completed  transient approval  incomplete grade

12. Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Business \_\_\_\_\_ ext. \_\_\_\_\_

13. **Correspondence regarding graduation will be sent to this address:**

(Complete only if different from permanent address on file)

Street / P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



UNA Box No.: \_\_\_\_\_ (Complete only if graduation information is to be mailed to your UNA box)

14. Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE USE DARK INK.

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