Rogers State University Graduation Application

Name:	Student ID #:				
Major: Code:	Minor	Minor:		Code:	
Bulletin Year under which the student is requesting plan review					
Student is applying to GRADUATE in the semester of					
Student is applying to GRADUATE in the _	(Fall or Spring or Summer)		semester of(Year)		
Address		City	State	Zip	
Phone	Email				
Please list your name as you would like it to ap		ma:			
Trease ase your name as you would me to to up	peur on your unpro-				
First Mid-	dle	Last		Suffix	
Please see website/bull	etin for graduation ap	oplication d	eadlines.		
A Warren Carrollet I		(Maret Ir			
A. Hours Completed:		(Must be	e applicable to deg	gree)	
B. Hours Currently Enrolled:		-			
C. Hours Yet To Be Completed:		-			
TOTAL:					
Courses Needed To Complete Degree (B + C):		-			
Course Course	Term		Credit Hours		
					
					
				<u> </u>	
					
					
				<u> </u>	
(Must equal "Hours Currently Enrolled" + "Hours Yet To	Be Completed") To	tal Hours	Needed:		
Student Signature	Date	Advisor S	Signature	Date	
Dept. Head	Date	Dean		Date	
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Signing this form indicates that you are approving you have indicated above. Once reviewed by the Ro					
communicated to the advisor who will contact the s					
the student. Graduation completion means:					
1. "Courses Needed To Complete	te Degree" are satis	factorily co	ompleted.		
2. There are no enrollment changes made to the schedule(s) attached.					
3. Graduation / Retention G.P.A	a. is 2.00 or above.				

Date Approved

Revised 05/12

Registrar's Signature