Rogers State University
Graduation Application

Name: _____ **Student ID #:** _____

Major: _____ **Code:** _____ **Minor:** _____ **Code:** _____

Bulletin Year under which the student is requesting plan review _____

Student is applying to GRADUATE in the _____**semester of** _____
(Fall or Spring or Summer) **(Year)**

_____
Address City State Zip

_____
Phone Email

Please list your name as you would like it to appear on your diploma:

First Middle Last Suffix

Please see website/bulletin for graduation application deadlines.

A. Hours Completed: _____ **(Must be applicable to degree)**

B. Hours Currently Enrolled: _____

C. Hours Yet To Be Completed: _____

TOTAL: _____

Courses Needed To Complete Degree (B + C):

Course	Term	Credit Hours

(Must equal "Hours Currently Enrolled" + "Hours Yet To Be Completed") **Total Hours Needed:** _____

Student Signature	Date	Advisor Signature	Date

Dept. Head	Date	Dean	Date

Signing this form indicates that you are approving the change of your Major/Minor, Address, Phone and Email to what you have indicated above. Once reviewed by the Registrar, the plan will either be approved or change noted that will be communicated to the advisor who will contact the student. Approved copies will be sent to the department of record and the student.

Graduation completion means:

1. **"Courses Needed To Complete Degree" are satisfactorily completed.**
2. **There are no enrollment changes made to the schedule(s) attached.**
3. **Graduation / Retention G.P.A. is 2.00 or above.**

_____ _____
Registrar's Signature **Date Approved**

Revised 05/12

Graduation Application checklist:

___ Course Substitution

___ Transcript

___ Degree Check

___ Graduation Application