

## **Graduation Application**

Office of the Registrar 671 Winyah Dr. Orlando, FL 32803 **Phone** 407-303-1785 **Fax** 407-303-9755

Student	Information: Pleas	e complete form in bl	ue or black ir	nk.			
Legal F	ull Name			Student ID		Current Program	
209411						eurient regium	
	• • •	0:00		7. 0.		Official Address Change YES/NO	
Street /	Address	City, Sta	ite	Zip Cod	le	<b>0</b>	
					_		
Today's Date E-mail Address			S			Phone Number	
Graduation Information							
I intend to graduate: Year(YYYY):							
Please select one of the following: (If you later change your mind on the date you must notify us)							
I will attend the December Graduation Ceremony							
I will attend the April Graduation Ceremony I do not plan to attend either Ceremony							
Print your full, legal name as it will appear on your diploma and in the printed graduation program. If you change your name							
or address before graduation, you must let us know by completing a name/address change form, in order to have your name							
changed on your diploma, and to ensure proper delivery of your diploma.							
First Name Middle Name							
FIRST Na	ime		ame		Las	st Name	
Please <i>initial</i> the following items:							
I am aware that I must meet the progression and completion requirements for my declared major.							
I have or will have successfully completed the residency hours required for my declared major at ADU.							
I am aware of the \$100.00 Graduation Processing Fee.							
I am responsible for checking my ADU student email account regarding upcoming graduation announcements.							
I am aware that I must submit a graduation application by the posted deadline in order to register for my final trimester.							
I am aware that I am responsible for ordering my Regalia online (Instructions are listed on the my.adu.edu site).							
I understand that my status will change upon graduation. If I wish to return to take more classes, I must contact Enrollment Services and apply to my program of interest. I understand that I may need to complete additional steps (i.e. Background Check, Immunization check).							
Courses	to be completed:		Crawles et			Cummer of	
	<u>Fall</u>		<u>Spring</u>			<u>Summer</u>	
Student	Signature:				г	Date:	
Student Signature:					Dale		
Advisor Signature (on-campus only):					C	Date:	

Please contact the Business Office to clear any financial holds. 407-303-1631 or 1-800-500-7747, ext, 303-1631

Application Deadlines: Fall – May 1, Spring - July 1, Summer - November 1