

**Saint Paul's College
Office of Registration & Records
115 College Drive
Lawrenceville, Virginia 23868**

Application For Graduation

- **Please Print or Type All Information.**
- **Complete one Application for each degree for which you are applying.**
- **This application must be submitted by the deadline to the Office of Registration & Records. Failure to do so may affect the student's participation in the Commencement Exercises and the printing of the student's degree.**

Print Your Name Exactly As You Wish It to Appear On Your Degree:

_____ **Student ID#** _____
(First) (Middle) (Last)

Address: _____ **Telephone:** _____
(Street/ Box #)

(City, State, Zip)

Please Check the Appropriate Statement:

_____ I wish to apply for graduation with a **Bachelor of Science Degree** to be awarded during the 200__ Commencement Exercises.

_____ I wish to apply for graduation with a **Bachelor of Arts Degree** to be awarded during the 200__ Commencement Exercises.

Please Indicate the Following: (All information will confirmed by your Academic Advisor)

Major: _____ Minor: _____

Concentration: _____ Endorsement: _____

Do you have credits earned at other institutions? Yes No

*** Official transcripts must be on file in the Registrar's Office. Failure to submit official transcripts from all schools attended will affect your clearance to graduate.**

(Please complete reverse)

By signing this Application, I indicate that I understand the following:

- (1) I must complete all academic and financial requirements in order to participate in Saint Paul's College's Commencement Exercises.
- (2) This Application does not guarantee participation in Commencement. Completion of this form initiates an academic audit by my Departmental Chairperson/ Advisor to determine if I have met all of the academic requirements for graduation. Following the audit, I must report to my advisor and the Registrar's Office to determine the status of my Application.
- (3) Academic Honors are awarded based on the students' cumulative Grade Point Average. Saint Paul's College considers all grades, transferable and non-transferable, from all colleges and universities attended in determining the CGPA of a student.

(Signature)

(Date)

For Office Use Only: (Registrar's Office)

Date Received: _____

Submitted to Department: _____

Audit Received: _____

*For Office Use Only: (Departmental Chairperson/ Advisor)

Based upon the attached audit** and the completion of all academic and financial requirements this student is eligible to graduate in _____
(Month) (Year)

(Signature)

(Date)

*Note and initial any changes on this form.

**Please forward a copy of the student's audit to the Registrar's Office along with this form.