

GRADUATION APPLICATION Wheeling Jesuit University

Studen	t Name:			Student	ID:	
	First	Middle Last		-		
Email:				Phone:		
		Academic Progra	m Information			
Primary		Primary		Primary		
Major:		Degree:		_ Minor:		
2 nd		2 nd		2 nd		
Major:		Degree:		Minor:		
Diploma Details						
	Name on Diploma:					
	Student name as it should appear on the diploma. Diploma Mailing Address Street Address:					
	City:	State:	Zip:	Count	ry:	
		Graduation In	formation			
	What is the term/date by which you plan to Fall Term / December Year					
	have all degree requ	n / May erm / August				
	Will you be particina	ating in Commencement	2 (Held in May	□ Yes In	lan to attend	
	Will you be participating in Commencement? (Held in May each year upon end of Spring term) Will you be participating in Commencement? (Held in May No, I plan to attended in May No, I will not attended in May No, I wi					
required Registral conferral	for the updated term of gar's office is needed of this	ents must be met within 30 da raduation. If intent to participa change of intent. Diplomas w academic and financial obliga r this process.	ate in commence vill be mailed out	ement changes t within 60 days	then notification to the s of graduation date or	
	Student Signature:			Date:		