

GRADUATION QUALIFICATION FORM

Wheeling University

Student Name:				
First	Middle Last			
Email:		Phone:		
	Academic Pro	gram Information		
		need to complete and submit one form per major.		
Major:	Degree:	Minor:		
	Final Reg	uired Credits		
Below, please list your curre		dits required for completion of your degree and w	hen you plan to comp	lete them.
Course Information	Course Name	Instructor	Semester & Year	Credits
EXMPL-321-01	Example Course Name	Example Instructor Name	Spring 2026	3
	Notice of Respon	nsibility & Signature		
		, .		
		eviewed the student's academic record this form, and with the final approval fr		
	all requirements for the major and min		om the negistrar	3 Office,
Acadomic Advisor's Si	ignaturo	Dato		
Academic Advisor 5 5	Ignature:	Date:		
		responsibility to be aware of any gradua		
		s; all core requirements (as outlined and te, or other award as applicable; and an		
=: : :	lication and fulfilling any financial oblig		, care requirem	
Student's Signature		Nate∙		
Judenic 3 Jignature		Date		

Upon the completion of this Graduation Qualification Form, please be sure to fill out an accompanying Graduation Application Form.



GRADUATION APPLICATION FORM

Wheeling University

Student Name:		Student ID:				
First Middle	Last					
Email:		Phone:				
Acadei	mic Program Inforn	mation				
If you are currently a double-major, you will need to complete and submit one form per major.						
Major: Degree: _		Minor:				
Graduation Information						
What is the term / date by which you plan to have all degree requirements met?	☐ Fall Term / De ☐ Spring Term / ☐ Summer Term	/ May				
Will you be participating in the Commencement Ceremony? (Held in May each year upon end of Spring Term)	☐ Yes, I plan to a					
<u>Please Note</u> : All degree requirements must be met with required for the updated term of graduation. If intent to required to be sent to the Registrar's Office. Diplomas we graduation date or conferral of degree as long as all acade includes the graduation fee (noted below) that is assessed	participate in commo vill be printed and mai demic and financial ol ed for this process.	nencement changes then notification of this change is ailed by the President's Office within 60 days of the obligations to the University have been fulfilled. This				
Diploma Det	tails (Mailing Addre	ress & Name) 				
Dip	loma Mailing Addr	Iress				
Street Address:						
City: State / Territo						
Name on Diploma:	iten exactly as it should app	ppear on the diploma.				
Payment of Fees for all Degrees (Bachelor's / Master's / Doctoral)						
	of the submissio	on of the Graduation Application Form.				
BY MAIL: Mail the completed form and any applicable for Wheeling University Office of the Registrar 316 Washington Avenue Wheeling, WV 26003	<u>ee to:</u>	IN PERSON: Completed Form can be brought to the Registrar's Office, CET 216. Applicable Fee can be brought to the Student Account's Office, CET 208.				
Student's Signature		Date [.]				