WEST VIRGINIA UNIVERSITY
Application for Graduation and Diploma

S.T.A.R.

I expect to complete all requirements for the degree of:

Degree	Major I	Major II	Minor I	Minor II

☐ May ☐ August ☐ December Year: ____

I wish my name to appear on my diploma as (please print):

First _____ Middle _____

Last _____

Student ID: ___-___-____

Mailing Address after graduation:

Street Line 1 _____

Street Line 2 _____

City _____

State _____ Zip _____

NOTE:

This application must be filed in the office of the appropriate Dean within the first two weeks of the term that you expect to graduate. The graduation fee must accompany this application. All outstanding debts must be paid one week before graduation.

_____/_____

Student Signature Date

_____

Local Address

_____

Phone

White Copy - ARC
Yellow Copy - Dean's Copy