Application Instructions

STEP I 1. Fill out Graduation Application completely. (BLACK INK ONLY)
   A. Must include Student Banner Number.
   B. CURRENT MAILING ADDRESS – For all pre-graduation information mailings.
   C. DIPLOMA MAILING ADDRESS – Diploma will be mailed to this address, NOT permanent mailing address.
   D. APPLICATIONS FILLED OUT INCORRECTLY MAY BE DELAYED!!!

STEP II Meet with advisor to review your degree audit. (ADVISOR MUST SIGN APPLICATION)

STEP III Meet with the Director of Career Services, located in the UC, Second Floor, Room 210

STEP IV Return completed application to the Registrar’s Office.

STEP V Payment can only be taken once application is complete. Please make payment at the Registrar’s Office (Debit/CC and check only) or the Cashier’s Office (Card/Cash/Check)

ALLOW 6 TO 8 WEEKS TO RECEIVE GRADUATION DEGREE AUDIT

PLEASE READ...IMPORTANT INFORMATION

➢ Participation in commencement ceremonies does not confirm that a degree has been conferred.

➢ Students entering in Fall 2011 or later must complete 9 semester credit hours of Writing Enriched and Writing in the Discipline courses.

➢ If the candidate fails to meet requirements as specified, the student must wait until the next commencement to receive his or her degree.

➢ All diplomas will be held until all financial obligations (and other holds) to the University have been satisfied.

➢ A student may complete graduation requirements at the end of fall, spring or summer session. Summer graduates will participate in winter commencement.

➢ Diplomas will be mail approximately 8-10 weeks after the commencement ceremony.

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UNCP ID: 8 4 1 2 3 4

1. Graduation Year: ____________ Catalog Year: ____________

2. Graduation Term (Circle One): Spring Winter Summer*
   *Summer graduates will participate in Winter Commencement

STUDENT BIOGRAPHICAL INFORMATION
(Your name will appear on your diploma as it does in our student information system records. This form will NOT update any name changes. If necessary, a name change form must be submitted.)

Mr.□ Ms.□ Last First Middle Suffix (Jr., II, etc.)

Home Phone: Cell Phone: Email:

CURRENT MAILING ADDRESS (This is where you will receive ALL pre-graduation correspondence)

Street Address or P.O. Box

City State/Zip

DIPLOMA MAILING ADDRESS
☐ Check box if same as Current mailing address

Street Address or P.O. Box

City State/Zip

DEGREE INFORMATION
Circle all that apply:

BA BS BIS BM BSN BSW SECOND DEGREE

Primary Major: Concentration 1:
Secondary Major: Concentration 2:
Minor 1: Minor 2:

Required Signatures

1. Primary Major Advisor: ____________________________ Date: ____________
2. Secondary Major Advisor: ____________________________ Date: ____________
3. Minor Advisor: ____________________________ Date: ____________
4. Director of Career Services: ____________________________ Date: ____________
5. Cashier: ____________________________ Date: ____________

I have read and understand the attached instruction sheet. I understand that any changes I make to the above information must be communicated to the Registrar’s office in person or in writing as soon as possible. Failure to do so may affect graduation status.

SIGNATURE OF APPLICANT: ____________________________ Date: ____________

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