



Application for Graduation

Please print or click on field and type! It is your responsibility to complete and return this application to the Office of the Records & Registration by the application deadline.

ID #: _____ **Major:** _____

Minor: _____ **Concentration:** _____

I, _____ (**First and Last Name**), hereby apply to be a prospective graduate for _____ (**Semester/Year**). My advisor(s) and I have reviewed all degree requirements as stated in my academic catalog. If I do not complete my degree requirements by the aforementioned date, I understand that I must re-submit my application for graduation.

Name on Diploma

Please print first, middle and last

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Dillard Email: _____ Personal Email: _____

OFFICE OF BUSINESS & FINANCE

I understand Dillard University will post my graduation fee to my student account in the semester and year indicated on this form. I also understand the graduation fee is non-refundable and in the event I do not graduate, the fee is transferable to the following semester and year. I also understand if there is an increase in the graduation fee I will be required to pay the difference.

Student Signature

Date

Advisor Signature

Date

Orders for invitation and diplomas will be placed only for those students who have submitted an Application for Graduation to the Office of Records & Registration by the application due date.