SONOMA STATE UNIVERSITY

Office of Admissions & Records

GRADUATION APPLICATION:

Write your name **clearly** as you wish it to appear on your diploma _____ Student ID number _____

Current Address and Telephone	Diploma Contact Information (This address will be used following your graduation date.)
Local Street Address:	Diploma Street Address:
City/State/Zip:	City/State/Zip:
E-mail:	Phone number: ( )

I plan on graduating at the end of (indicate one):

Year:_____ Term: ◯ **Spring** ◯ **Summer** ◯ **Fall**

My degree will be a: ◯ **BA** ◯ **BFA** ◯ **BS** ◯ **BM**

Include my name on lists released to the media: yes ◯ no ◯

If you would like to request Provisional Graduate Credit for course(s) taken in your final semester, put a checkmark in the PGC* column. Courses used toward your Bachelor's Degree are not eligible.

In the boxes below please write courses in-progress, incomplete courses you are finishing, and courses you will take in the future to meet degree, GE, and major/minor requirements. **Do not list courses already completed.**

Dept.	Number	Course Title	Units	Institution	Sem/Yr	mark "X" for Major	***PGC****

We have reviewed the online Academic Requirements Report (ARR) and have attached relevant *Major/Minor Course Substitution* forms to account for major/minor requirement discrepancies found therein:

Major:	*Advisor's signature:*
(Concentration):	*Chairperson's signature:*
2nd Major:	*Advisor's signature:*
(Concentration):	*Chairperson's signature:*
Minor:	*Advisor's signature:*
[Note: If you have additional majors/minors please contact A&R.]	*Chairperson's signature:*

I have reviewed my ARR and planned coursework with my major department: *Student's Signature:* ***Date:***

Data entered (Records use only):_____