STUDENT

Illinois State University Office of the University Registrat	r		
Campus Box 2202 Normal, IL 61790	UNDERGRADUATEA	PPLICATIONFORGI	RADUATION
Date	Date UniversityIdentificationNo.*		
Please provide your name order.)	as desired on your diploma. (Fo	or processing only, please	print Last, First, Middle and/or Maiden
	Fi ddress for your diploma. (Diplo an address that will be valid at th		Middle and/or Maider eximately three months after the
StreetAddress	Apt. # City		State Zip Code
Non-ISUEmail Address			PhoneNumber
Choose the month that yo	u will have <u>all requirements</u> for y	your degree completed:	
May (May Commenc	ement) August (MayCo	ommencement) De	ecember (DecemberCommencement)
Choose the year that you	will have <u>all requirements</u> for you	ur degree completed:	
2022	2023		
Do you plan to participate	in the Commencement Ceremon	ny? Please select one:	Yes No
	ronunciation of your name nnis(Nicole LeighThoennes)		
Please indicate the degree	you plan to receive. (BS, BA, P	SSE, BM, BME, BFA, BS	SN, BSW)
Please check your curricul	um: Non-Teaching OR	Teaching	
PrimaryMajor		Second Major	
Sequence	Sequence Sequence		
First Minor	/inorSecond Minor		
Will you be using transfer	credit not currentlyon your reco	ord to complete your degr	ee requirements?
Please selectone: Ye	es No		
YourSignature			
submit this application in pa on at the Student Accounts F l to: Illinois State Univers Student Accounts Campus Box 1210 Normal, IL 61790-12 nt of the \$35 graduation fee	Building located at 605 West E ity 210		CASHIER USE ONI

OFFICECOPY