

Application for Graduate Graduation

Student ID Number T	Date
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Name Enrolled Under (Last, First, Middle, Other):*	Phone Number		
Student Address	City	State	Zip Code
ATU Email Address			

This form is used to order your diploma; you will purchase your cap, gown and hood at the Bookstore. Please fill in the following information accurately and legibly. No ceremony for those ONLY completing certificate programs.

PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:
(Upper and lower case letters please - no special characters)

In order to help ensure your name is pronounced correctly during graduation, please list a pronunciation for your name if it is typically mispronounced by a native English speaker. Please separate syllables with dashes and indicate a STRESSED syllable with ALL CAPITAL LETTERS. (Ex. Ravi Patel pronounced as RAH-vee pah-TELL)

NAME PRONUNCIATION: _____

In what semester did you begin your graduate studies?	Spring	Summer	Fall
In what year did you begin your graduate studies?	_____		
Expected Term of Graduation:	Spring	Summer	Fall
Expected Year of Graduation:	_____		
Degree/Certificate program name:			

PLEASE SUBMIT YOUR APPLICATION FOR GRADUATE GRADUATION TO THE GRADUATE COLLEGE

gradcollege@atu.edu

For Graduate College Office Only

Student Holds: _____	
Application has been scanned into Xtender: _____	Information entered in Excel: _____