

# Application for Graduation for an Associate's Degree

## Carson-Newman University

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student Number \_\_\_\_\_

Name to be printed on diploma \_\_\_\_\_

Applying for Graduation for which term:  May  May Term\*  July\*  Dec YEAR: \_\_\_\_\_  
*Summer graduates may participate in the December Commencement following the term of completion*

Are you planning to participate in commencement for this degree? \_\_\_\_\_ Yes \_\_\_\_\_ N

Please check one:  AA in Liberal Arts  AA in Christian Ministries  AS in General Studies

Catalog Year graduating under: \_\_\_\_\_

Local Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

If you wish to pursue a Bachelor's degree after completion of your Associates Degree, please list all Major(s) and Minor(s) below:

Major \_\_\_\_\_ Second Major \_\_\_\_\_ Degree: \_\_\_\_\_

Minor(s) \_\_\_\_\_

Hometown, State for printing in commencement program: City \_\_\_\_\_ State \_\_\_\_\_

Local Mailing Address: *(if different than home/permanent address)*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C-N Box # \_\_\_\_\_ C-N Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Student Signature: _____	Date: _____
Advisor Signature: _____	Date: _____
Registrar Signature: _____	Date: _____

### INSTRUCTIONS:

Submit Application for Graduation and Copy of Evaluation to Registrar before the end of the semester in which 45 hours is completed, prior to the term of graduation.

- Any changes in course listings on degree plan must receive appropriate approval.
- Satisfactory completion of common degree requirements, Liberal Arts Core and electives fulfill graduation requirements and ultimately rests with the student.

Graduation Check: C-N Hours \_\_\_\_\_ C-N GPA \_\_\_\_\_ Cum Hours \_\_\_\_\_ Cum GPA \_\_\_\_\_

Date Graduation Verified and Approved \_\_\_\_\_ by \_\_\_\_\_