

School of Applied Sciences DEGREE APPLICATION COVER SHEET

Date: _____

Name (as you'd like it to appear in the program) _____

Student ID # _____

Name of your academic advisor _____

Check Semester of Intended Graduation *Students taking their final class in an intersession will graduate the next semester (i.e., May Intersession = August grad, August Intersession=December grad, and January Intersession=May grad):*

- May 200__
- August 200__
- December 200__

Check the degree you will receive:

- | | |
|--|---|
| <input type="checkbox"/> B.A. in Communicative Disorders Minor _____ | <input type="checkbox"/> B.A. in Park and Recreation Management Track _____ |
| <input type="checkbox"/> B.S. in Criminal Justice Minor _____ Emphasis _____ | <input type="checkbox"/> B.S. in Exercise Science |
| <input type="checkbox"/> Bachelor of Paralegal Studies Minor _____ | <input type="checkbox"/> B.S. in Family and Consumer Sciences Emphasis _____ |
| | <input type="checkbox"/> B.S. in Dietetics and Nutrition |
| | <input type="checkbox"/> B.S. in Hospitality Management |
| | <input type="checkbox"/> Bachelor of Social Work |

List all other institutions that you are using transfer work from:

*Note: No more than 6 of your last 21 hours can be taken from another institution. You must have **written permission from the Dean's Office** before taking a course at another institution.

OFFICE USE ONLY:

Final # transfer hours _____

Final Professional GPA _____

Final #UM hours _____

Final Minor GPA _____ / _____
(UM/Overall)

Final # Total hours _____

Final UM GPA _____

Final # Upper Level hours _____

Final overall GPA _____

Honors _____



Student cleared for graduation by

_____ on _____

Local Address: _____

Phone Number: _____ **E-Mail:** _____

Address you want your graduation instructions to be mailed to (December, May and August graduates will receive graduation instructions from the Dean's Office around the first of May):

(Street Address or P.O. Box)

City State Zip

Please list your parent(s) name(s) and address(es) below as the Dean's Office will use the information to send a special letter of congratulations to your parent(s). Use both boxes if parents have different addresses.

| | |
|---|---|
| Circle One: Mr. and Mrs. Mr. Ms. Mrs. | Circle One: Mr. and Mrs. Mr. Ms. Mrs. |
| _____ Name (First/Middle Initial/Last) | _____ Name (First/Middle Initial/Last) |
| _____ Street Address or P.O. Box | _____ Street Address or P.O. Box |
| _____ City State Zip | _____ City State Zip |