SHAW
UNIVERSITY
—1865—

Offi*ce of* the Registrar
118 E. South Street | Raleigh, NC 27601
Debnam Hall 2nd Floor
Tel: 919-546-8415 Fax: 919-546-8553

GRADUATION APPLICATION & AUDIT FORM

Please indicate the semester student will complete graduation requirements	**Please indicate the year student will complete graduation requirements**

Student's Last Name   Student's First Name   Student ID#

Telephone#
Where we can reach you if we have questions about your graduation application

Email

Major   Minor

Type Your Name In The Box Below Exactly As You Wish It To Appear On Your Diploma. Include Any Prefixes Or Suffixes Such As Jr. or III. Also Indicate If You Want Your Middle Name Or Middle Initial Printed On Your Diploma.

> TYPE NAME HERE AS IT SHOULD APPEAR ON YOUR DIPLOMA

Do you plan to attend the Graduation Commencement ceremony?   Yes ☐   No ☐

If not, how do you want to obtain your diploma?   Pick Up ☐   Mail ☐

If mailing is preferred, please type the address below where you want your diploma to be mailed

Mailing Address   City   State   Zip Code

Student's Grade Point Average: _____
Number of required course hours for the major _____
Completed?   YES ☐   NO ☐
Credit Hours:
Number Completed _____   Number Needed to Completed _____

List of Remaining Courses Needed to Complete Graduation Requirements:

Course Name	Course Code	Core/Major/Elective	Repeat Course?
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

Attach: Completed Program Checklist; Most Current Transcript Copy
Signature Page on Backside

Advisor Graduation Clearance:

On Track to Expected Graduation ☐   Not On Track to Expected Graduation ☐   Pending Additional Notes Below

Notes:

Student: _____   Date: _____
Advisor: _____   Date: _____
Dep. Head: _____   Date: _____
Dean: _____   Date: _____