

OAKWOOD UNIVERSITY APPLICATION FOR GRADUATION CLASS OF 2012

Effective Fall 2011
(For Spring Graduates 2012)
Records Office

TYPE/PRINT your **NAME** exactly as you wish it to appear on your diploma/certificate _____ Student ID# _____ Social Security Number _____

Address
Local or current address: _____ Street/Route/Box # _____ City _____ State _____ Zip Code _____

Address
Permanent address/Telephone: _____ Street/Route/Box # _____ City _____ State _____ Zip Code _____ Telephone _____

Oakwood University official e-mail address: _____ Local Telephone: (Home) _____ (Alternate/Cell/Work) _____

Major(s) _____ **Concentration(s)** _____ **Minor(s)** _____

Expected Graduation (Semester/Year: Fall, Spring, Summer & Year) _____ **Indicate catalog/bulletin year to be used:** _____
(You may graduate using the catalog in effect the year you enrolled or the one in effect at the time of graduation.)

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|--------------------------------------|--|---|---|--|---|---|---|--------------------------------------|
| I'm applying for (check one): | <input type="checkbox"/> Bachelor of Arts - BA | <input type="checkbox"/> Bachelor of Science - BS | <input type="checkbox"/> Bachelor of Music - BM | <input type="checkbox"/> Bachelor/Business Administration -BBA | <input type="checkbox"/> Bachelor of Social Work -BSW | <input type="checkbox"/> Associate of Arts AA | <input type="checkbox"/> Associate of Science -AS | <input type="checkbox"/> Certificate |
|--------------------------------------|--|---|---|--|---|---|---|--------------------------------------|

- TO BE COMPLETED BY THE ACADEMIC ADVISOR:**
- Removed all incomplete grades YES ___ NO ___
 - An overall average of 2.0 CGPA YES ___ NO ___
 - Has a grade of "C" or better in Major and/or Minor YES ___ NO ___
 - Completed the Degree/Major Track for Department YES ___ NO ___
 - Taken the Exit Examination, if applicable YES ___ NO ___
 - Taken the English Proficiency Exam YES ___ NO ___
 - Is the student currently enrolled YES ___ NO ___

- Has the applicant? :**
- YES ___ NO ___
 - YES ___ NO ___
 - YES ___ NO ___
 - YES ___ NO ___
 - YES ___ NO ___
 - YES ___ NO ___
 - YES ___ NO ___

Outstanding Courses/Comments: _____

Graduation Fee is non-refundable, subject to change and is due on completion of this application – See Student Accounts.

FINAL YEAR SCHEDULE TO BE COMPLETED BY THE STUDENT: COURSES NEEDED TO COMPLETE REQUIREMENTS FOR THE DESIRED DEGREE:

| Fall 2011 | Semester/Year: Fall 2011 | | Spring 2012 | Semester/Year: Spring 2012 | |
|---------------------|--------------------------|-------|---------------------|----------------------------|-------|
| Course # | Course Title | Hours | Course # | Course Title | Hours |
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| Total Hours: | | | Total Hours: | | |

Note: Please indicate substitutions/variations to this student's program on the reverse side of the application or attach a sheet with that information (Advisor/Chair).

Applicant's Signature _____ Date of Signature _____
 Advisor's Signature _____ Date of Signature _____
 Chairperson's Signature _____ Date of Signature _____

The following information is used to comply with federal, state and institutional reporting guidelines:
Date of Birth: ____/____/____ **Sex:** Male Female **Race/Ethnic Origin:** Black Caucasian Hispanic American Indiana/Alaskan Asian/Pacific Islander