

APPLICATION FOR GRADUATION

Return to the Office of the Registrar

Your application MUST be received by the Office of the Registrar no later than the date listed below. Otherwise, we cannot guarantee a degree audit will be performed in time for your degree completion.

_____ This is an update to a previously filed Application for Graduation.

TERM & YEAR IN WHICH YOU EXPECT TO COMPLETE ALL DEGREE REQUIREMENTS.

Note: this is the date you expect to finish, **not** the term you plan to participate in the commencement ceremony.

_____ Summer 0910 (August 2010) Application Due: 01/29/2010 – PAST DUE
_____ Fall 1011 (December 2010) Application Due: 05/01/2010 –
_____ Spring 1011 (May 2011) Application Due: 09/10/2010 –

___ Traditional Undergraduate ___ HC Undergraduate ___ ASN Undergraduate ___ Communication Graduate
___ Business Graduate ___ Education Graduate ___ Nursing Graduate

Queens ID#: _____
Cell Phone # _____

Catalog of Entry: _____

First Name	Middle Name	Last Name
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Degree Expected (circle one): ASN BA BM BS BSN MA MAT MBA MED MFA MSA MSN MSOD

Major(s): (1) _____ (2) _____

Minor(s) / Concentrations(s): (1) _____ (2) _____

Track: _____

Clearly print your name as you would like it to appear on your diploma and the graduation program. **If your name has been changed, please provide in person 2 legal documents to the Registrar's Office or mail 2 copies notarized, i.e. Drivers License, SS Card, marriage certificate.**

Do you plan to attend the commencement ceremony in May? _____ Yes _____ No

If you **DO NOT** plan to attend the May ceremony, how would you like to receive your diploma?

_____ I will pick up my diploma after the May commencement ceremony.

_____ Please mail my diploma to:

Address, City, State, Zip

(It is your responsibility to inform the Office of the Registrar if there is a change in this address)

It is your responsibility to order your cap and gown. Visit www.herffjones.com/college/queensu.

Your cap and gown are required for your participation in convocations and commencement.

Student Signature

Date

Office of the Registrar ■ 101 Jernigan ■ 1900 Selwyn Avenue ■ Charlotte, NC 28274
704-337-2242 (tel) ■ 704-337-2218 (fax)