

UNION UNIVERSITY

Application for Graduation - _____ *(Graduation Date)*

Name: _____
(As you would like printed on your diploma)

Social Security Number: _____ I.D. Number _____

Address: _____

Degree: Bachelor of Science

Majors

Minors

- | | | | |
|----|---------------------------|----|-------|
| 1. | Organizational Leadership | 1. | _____ |
| 2. | _____ | 2. | _____ |

Home Town and State: _____
(As you would like printed on the graduation program)

Do you plan to participate (walk) in your graduation ceremony? ___ Yes ___ No
If No, a written explanation why must be submitted to Dr. Carla Sanderson, Provost.
Please remember: All graduation requirements must be met prior to walking.

Student Signature: _____

Date: _____