



## Application for Degree 2014-2015

Please print the following:

Student ID #: \_\_\_\_\_

Name (exactly as you wish on diploma): \_\_\_\_\_

Name spelled as it sounds (if participating in Commencement): \_\_\_\_\_

Hometown City, State/Country (to be printed in Commencement program): \_\_\_\_\_

**Degree(s):**

- |  |  |
|--|--|
| <input type="checkbox"/> B.A. Bachelor of Arts                         | <input type="checkbox"/> M.A.S.M. Master of Arts in Specialized Ministries |
| <input type="checkbox"/> B.G.S. Bachelor of General Studies            | <input type="checkbox"/> M.A.T. Master of Arts in Teaching                 |
| <input type="checkbox"/> B.Mus. Bachelor of Music                      | <input type="checkbox"/> M.A.T.S. Master of Arts in Theological Studies    |
| <input type="checkbox"/> B.Phil. Bachelor of Philosophy                | <input type="checkbox"/> MBA Master of Business Administration             |
| <input type="checkbox"/> B.S. Bachelor of Science                      | <input type="checkbox"/> M.Ed. Master of Education                         |
| <input type="checkbox"/> B.S.A.T. Bachelor of Science in Athletic Trng | <input type="checkbox"/> M.S.L. Master of Science in Leadership            |
| <input type="checkbox"/> B.S.N. Bachelor of Science in Nursing         | <input type="checkbox"/> M.S.M. Master of Science in Management            |
| <input type="checkbox"/> M.A. Master of Arts in Music                  | <input type="checkbox"/> M.S.S.A. Master of Science in Security Admin      |
| <input type="checkbox"/> M.Acc. Master of Accountancy                  | <input type="checkbox"/> Ed.D. Doctor of Education in Educational Ldrshp   |

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

I have reviewed my academic progress with my advisor and will fulfill all course, GPA, and hour requirements for the above degree and major(s) as outlined in the college catalog. I agree to complete and receive my diploma under the term I have selected. If circumstances arise that prevent me from fulfilling my degree by the term listed, I understand it is my obligation to file a new application to take effect. If I wish to have honors that I have received printed in the Commencement program, I understand that the requirements for the degree must be met by May 8, 2015 and an application for degree indicating Spring term must be on file with the Registrar by April 1, 2015.

### Term of Completion

- |   |
|---|
| <input type="checkbox"/> <b>Fall term</b> (degree conferred on December 30, 2014)<br>(requirements must be completed by 12/22/2014 and Application for Degree filed with Registrar by 11/1/2014)  |
| <input type="checkbox"/> <b>Spring term</b> (degree conferred on May 10, 2015 -check only if classes officially end on or before May 1, 2015)<br>(requirements must be completed by 5/8/2015 and Application for Degree filed with Registrar by 4/1/2015)   |
| <input type="checkbox"/> <b>Late Spring term</b> (degree conferred on May 30, 2015)<br>(requirements must be completed by 5/26/2015 and Application for Degree filed with Registrar by 4/1/2015)  |
| <input type="checkbox"/> <b>Summer term</b> (degree conferred on August 30, 2015)<br>(requirements must be completed by 8/25/2015 and Application for Degree filed with Registrar by 7/1/15)<br><b>Summer applicants wanting name in Commencement program must have Application on file by 4/30/2015.</b> |

**Participation in Commencement:** Students may participate in the 2015 May graduation ceremonies regardless of term of completion for the 2014-15 academic year; degrees will be conferred in accordance with the date designated by the student on the Application for Degree provided all graduation requirements have been met satisfactorily.

**Receipt of diploma:** Diplomas are issued within 3-4 weeks following graduation, provided the student's account is paid in full. Diplomas can be picked up in the Registrar's Office or will otherwise be mailed to the student's permanent home address on file with the college.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email, Mail or Fax signed and completed form to: [registrar@sckans.edu](mailto:registrar@sckans.edu);  
Office of the Registrar, 100 College St., Winfield, KS 67156; F: 620.229.6384