

# Application for Degree 2017-2018



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

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Degree:  Bachelor of \_\_\_\_\_  Master of \_\_\_\_\_  Doctorate of Education

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Minor 1: \_\_\_\_\_ Minor 2: \_\_\_\_\_

Please print the name (First/Middle/Last) you wish to appear on the diploma and commencement program. Use upper and lower case.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Hometown City, State/Country: \_\_\_\_\_ (For publication in Commencement program)

Do you plan to attend commencement?  Yes  No  Uncertain

Phonetic Spelling of Name: \_\_\_\_\_

Please list any college work not yet submitted on an official transcript to Southwestern College (previously taken, in progress or planned) including name of school and courses or testing organization:  
\_\_\_\_\_

## Term of Completion

**Summer term** (*degree conferred on August 30, 2018*)  
 (requirements must be completed by 8/12/18 & **application for degree received by Registrar by 7/1/2018**)  
 Summer applicants wanting name in Commencement Program must submit application by 4/1/2018.

### Certification by applicant:

- 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 acknowledge that participation in the commencement ceremony does not guarantee that I have met all degree requirements.

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: 620.229.6245

Rec'd by Reg. Office: \_\_\_\_\_ Processed by & Date: \_\_\_\_\_