

Application for Degree Candidacy

Aquinas College

(Graduation Audit)

Students intending to graduate should complete this information at least one semester prior to their expected graduation date. Please complete this information, secure the signature of your major and/or minor department chairperson(s), and return to the Registrar and Academic Advising Center. Your file will be audited for graduation requirements and you will receive a copy of the form and the results of the audit review in the mail. If you are approved as a candidate, you will also receive instructions relative to the graduation ceremonies, academic attire, announcements, etc. The May ceremony accommodates those individuals who graduate (or are scheduled to graduate) in December, May and August of the academic year.

Name (As you wish it to appear on your diploma)

Signature

Former Names

Social Security Number or Student ID Number

Local Address

Home Address

Local Telephone Number

Program - Regular or Continuing Education

Degree Title (i.e. B.S.) (List major(s) on back of this form.)

Date you expect to receive degree

Are you a member of an Aquinas College Honor Society? If so, which one.

High School from which you graduated

Year of High School Graduation

City/State of High School

Your City/State at time of High School Graduation

If you did not graduate from a Michigan High School, what city/state did you reside in one year prior to enrolling at Aquinas?
If so, please supply proof of residency. (i.e. tax return)

Do you have an Associate degree from any institution? If so, please indicate the name of the school.

For Office Use Only

Unfulfilled General Education Requirements _____

Hours Accumulated

Hours Needed for Completion

Approved for Graduation in

GPA and Honors

High School Transcripts: _____ On File

Required

Signature of Auditor

Date of Audit

Department Approvals

Name

Social Security Number or Student ID Number

1st Major or Minor (circle one)

Academic Area: _____

Department Chairperson: List all unfulfilled requirements in the major/minor area as of this date:

Signature of Department Chairperson

Date

2nd Major or Minor (circle one)

Academic Area: _____

Department Chairperson: List all unfulfilled requirements in the major/minor area as of this date:

Signature of Department Chairperson

Date

3rd Major or Minor (circle one)

Academic Area: _____

Department Chairperson: List all unfulfilled requirements in the major/minor area as of this date:

Signature of Department Chairperson

Date

4th Major or Minor (circle one)

Academic Area: _____

Department Chairperson: List all unfulfilled requirements in the major/minor area as of this date:

Signature of Department Chairperson

Date