

Application for Degree Candidacy

(Undergraduate Graduation Audit)



Students intending to graduate should complete this information two semesters prior to their expected graduation date. Please complete the top part of the first page and return the form to the Registrar and Academic Advising Center, or email registrar@aquinas.edu. Your academic record will be audited for graduation requirements and you will receive a copy of the form and the results of your audit in your AQ email.

If you are approved as a candidate, you will also receive instructions relative to the graduation ceremony, 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 calendar year.

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

Signature

Former Names

Student ID Number

AQ Student E-mail Address

Primary Advisor

(Information about commencement i.e., tickets, cap and gown, etc., will be sent to your AQ e-mail *only*.)

Home Address (Diploma will be mailed to home address approximately one month after graduation.)

Cell Phone Number

Program - Regular or Continuing Education

Degree Title (i.e., B.S. or B.A., etc.) List major(s) on back of form.

Expected graduation date (month and year)

High School from which you graduated

Year of High School Graduation

Do you have an Associate of Arts 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 (120 Total Hrs. Minimum Needed, including 30 hrs of AQ residency)

Approved for Graduation in

GPA and Honors (AQ GPA must be at least 2.0)

High School Transcripts: _____ On File

Required - (We need a final copy of H.S. transcript)

Signature of Auditor

Date of Audit

Department Approvals (circle below if it is a Major, Minor, or Concentration)

Name

1st Major Academic Area: _____

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

Signature of Department Chairperson

Date

2nd Major, Minor, or Concentration Academic Area: _____

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

Signature of Department Chairperson

Date

3rd Major, Minor, or Concentration Academic Area: _____

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

Signature of Department Chairperson

Date

4th Major, Minor, or Concentration Academic Area: _____

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

Signature of Department Chairperson

Date