

Application for Degree Candidacy

Aquinas College

(Undergraduate Graduation Audit)

Students intending to graduate should complete this information two semesters prior to their expected graduation date. Please complete this information, secure the signature of your major and/or minor department chairperson(s), and return the form 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 to your AQ email. 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

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*.)

Local Address (Street, City, Zip)

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

Local Telephone 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)

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

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 (124 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

Student ID number

1st Major or Minor

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