

# KANSAS STATE UNIVERSITY APPLICATION FOR GRADUATION CLEARANCE

Do Not Write Here
DOG
Curr.
Degree Code
Dual Col
GPA



1. Make sure all copies are readable and completely filled out.
2. In the semester in which you will be graduating, return this form to your Academic Dean's Office by the end of the 4th week of the fall/spring semester (by the 2nd Friday of June of the summer semester).
3. If applying for degrees from two different colleges, complete one Application for Graduation Clearance form for each college.
4. You will be billed for a \$15 graduation fee by the University Controller's Office.

NAME AS DESIRED ON DIPLOMA (Print or Type)

\_\_\_\_\_

CURRENT NAME AND LOCAL ADDRESS

Name \_\_\_\_\_  
Last First M.I.

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Local Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

MAILING ADDRESS FOR DIPLOMA:  
(Diplomas mailed approximately 6–8 weeks after graduation ceremony.)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

I Do Hereby Request That I Be Considered For Graduation In the Degree Program(s) Listed Below.

COLLEGE \_\_\_\_\_ MAJOR(S) \_\_\_\_\_

DEGREE \_\_\_\_\_ DUAL DEGREE IF APPLICABLE \_\_\_\_\_

HOMETOWN/STATE (For Commencement Program) \_\_\_\_\_ PROPOSED GRADUATION DATE \_\_\_\_\_

**COURSE INFORMATION:** I am currently enrolled or have incompletes in courses below, including off campus transfers, correspondence, continuing education, etc.

Course		Title	University (If not KSU)	Cr Hrs	Inc. or Retake	Do Not Write Here
Dept	No					

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SEE THAT ALL TRANSCRIPTS FOR TRANSFER CREDIT HOURS TAKEN OFF CAMPUS AND ALL "INCOMPLETES" REQUIRED FOR GRADUATION ARE COMPLETED AND IN THE HANDS OF THE REGISTRAR'S OFFICE NO LATER THAN THE DATE PUBLISHED IN THE KSU ACADEMIC CALENDAR OR MY NAME WILL BE DROPPED FROM THE GRADUATION LIST. **IF DROPPED FROM THE GRADUATION LIST, I MUST REAPPLY FOR GRADUATION.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Graduation Plan Approved

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Confer with your Dean