

UNIVERSITY OF ARKANSAS AT PINE BLUFF

Admissions and Academic Records

1200 North University Drive

APPLICATION FOR GRADUATION

I hereby make application for the degree of

Bachelor of Science
Bachelor of Arts
Masters

Will you participate in the commencement exercise?

Yes/No _____

If no, please provide a mailing address for your diploma and a contact number.

To be conferred (*check only one, please*)

_____ Spring Semester (May Commencement)
_____ Fall Semester (December Commencement)

Mailing Address:

Home Telephone# _____

Current Mailing Address:

Major _____

Your name as you wish it to appear on degree:

(Please print legibly)

Local Telephone# _____

Student's Signature

ID Number

Date

Height _____ *Weight* _____

This information is needed in order to obtain the proper size gown for you. (Misleading information will result in your possibly not having a gown that fits appropriately.)

In order to assist us in preparing you for graduation, please make sure that your advisor is aware that you are applying for graduation.

Please return application to:

**University of Arkansas at Pine Bluff
Office of Admissions & Academic Records
1200 N. University Drive--Mail Slot 4983
Pine Bluff, Arkansas 71601**

NOTE: IT IS IMPERATIVE THAT ALL SENIORS AND GRADUATE STUDENTS SUBMIT AN APPLICATION FOR GRADUATION