OAKWOOD UNIVERSITY
APPLICATION FOR GRADUATION

Effective: Spring 2018
(For Spring Graduates 2019)
Registrar's Office

PRINT/TYPE your **NAME** exactly as
you wish it to appear on your diploma_____Student ID#_____

Address_____SocialSecurity Number_____
Local address: Street/Route/Box #
_____Telephone: Cell/Home_____Work_____
City State Zip
Address_____
Permanent address: Street/Route/Box # City State Zip Telephone
E-Mail address (Oakwood College official e-mail address):_____

Major(s)_____**Concentration(s)**_____**Minor(s)**_____

Expected Graduation (Semester/Year: Fall, Spring, Summer & Year) _____ **Indicate catalog/bulletin year to be used:**_____
(You may graduate using the catalog in effect the year you enrolled or the one in effect at the time of graduation.)

I'm applying for: (check one)

☐ **BA – Bachelor of Arts** ☐ **BS – Bachelor of Science** ☐ **BM – Bachelor of Music** ☐ **BBA – Bachelor/Business Administration** ☐ **Bachelor/Social Work**
☐ **AA – Associate of Arts** ☐ **AS – Associate of Science** ☐ **Certificate**_____

TO BE COMPLETED BY THE APPLICANT:	**Have you completed?**	
• Removed all incomplete grades	Yes ☐	No ☐
• An overall average of 2.0 CGPA	Yes ☐	No ☐
• Has a grade of "C" or better in Major and/or Minor	Yes ☐	No ☐
• Completed the Major and/or Minor Track	Yes ☐	No ☐
• Taken the English Proficiency Exam	Yes ☐	No ☐
• Taken the Departmental Exit Exam	Yes ☐	No ☐
• Is the student currently enrolled	Yes ☐	No ☐
• Substitutions (attach sheet indicating substitutions)	Yes ☐	No ☐

Outstanding Courses/Comments:

APPLICATION FOR GRADUATION (AFG)/FINAL YEAR SCHEDULE (FYS) TO BE COMPLETED BY THE STUDENT: List courses to complete degree.

Course #	Fall Course Schedule /Term: Fall 2017 Course Title	Credit Hours	Course #	Spring Course Schedule/Term: Spring 2018 Course Title	Credit Hours
	Total			**Total**	

Notice: Requirements approved as submitted on AFG/FYS. No changes made without approval of department chair. Any changes could delay your date of graduation.

Applicant's Signature _____ Advisor's Signature_____ Chairperson's Signature_____

Date of Signature_____ Date of Signature_____ Date of Signature_____

THE GRADUATION FEE IS NON-REFUNDABLE AND IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. MAKE PAYMENT to: Oakwood University, mail to the address listed below or make payment in the Student Accounts Office. This application should be submitted at least one year prior to your planned term of graduation. **Complete with Advisor/Department Chair and submit this form to: Registrar's Office, Oakwood University, 7000 Adventist Blvd, NW, Huntsville, AL 35896.** (FEE: Student Accounts Office, if mailed include cashiers' check or money order payable to **Oakwood University.**) **Phone: 256-726-7346. Please see attached letter regarding requirements for submitting this Application.**

The following information is used to comply with federal, state and institutional reporting guidelines:

Date of Birth **Sex** **Race/Ethnic Origin**
_____/_____/_____ ☐ Male ☐ Female ☐ Black ☐ Caucasian ☐ Hispanic ☐ American Indiana/Alaskan ☐ Asian/Pacific Islander

For Office Use Only (Registrar's Office)

Date Received_____ **Date Processed**_____

For Office Use Only (Student Accounts)

Fee Paid_____ **Date Fee Paid**_____