



## APPLICATION FOR GRADUATION

Registrar's Office  
256.726.7353  
registrar@oakwood.edu

**PRINT/TYPE** your **NAME** exactly as you wish it to appear on your diploma \_\_\_\_\_ ID# \_\_\_\_\_

**Application Date:** \_\_\_\_\_

Local Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Email Address ( <i>Oakwood University email address</i> )	Cell Phone	Work Phone	

### DEGREE INFORMATION

**Major(s)** \_\_\_\_\_ **Concentration(s)** \_\_\_\_\_ **Minor(s)** \_\_\_\_\_

**Expected graduation (Semester/Year: Fall, Spring, Summer & Year):** \_\_\_\_\_ **Indicate catalog/bulletin to be used:** \_\_\_\_\_

**I AM APPLYING FOR (Check only one):**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> BA-Bachelor of Arts           | <input type="checkbox"/> BS-Bachelor of Science | <input type="checkbox"/> BM-Bachelor of Music                   | <input type="checkbox"/> BBA-Bachelor of Bachelor/Business of Administration |
| <input type="checkbox"/> BSW-Bachelor of Social Work   | <input type="checkbox"/> AA - Associate of Arts | <input type="checkbox"/> AS-Associate of Science                | <input type="checkbox"/> Certificate _____                                   |
| <input type="checkbox"/> MPH -Masters of Public Health |   | <input type="checkbox"/> MBA-Masters of Business Administration |  |

**TO BE COMPLETED BY THE APPLICANT**

**Have you completed?**

**Outstanding Courses/Comments**

- |   |       |      |
|---|-------|------|
| Removed all incomplete Grades                         | O Yes | O No |
| An overall average of 2.0 CGPA                        | O Yes | O No |
| Has a grade of "C" or better in Major and/or Minor    | O Yes | O No |
| Completed the Major and/or Minor Track                | O Yes | O No |
| Take the English Proficiency Exam                     | O Yes | O No |
| Taken the Department Exit Exam                        | O Yes | O No |
| Is the student currently enrolled                     | O Yes | O No |
| Substitutions (attach sheet indicating substitutions) | O Yes | O No |


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

Course #	Fall Course Schedule/Term: 2020 Course Title	Credit Hours	Course #	Fall Course Schedule/Term: 2020 Course Title	Credit Hours

**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 _____	Date of Signature _____
Advisor's Signature _____	Date of Signature _____
Chairperson's Signature _____	Date of Signature _____
Minor Chairperson's Signature _____	Date of Signature _____

**THE GRADUATION FEE IS NON-REFUNDABLE AND IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. PAYMENT options: Mail Cashier Check/Bank Draft to: Oakwood University, ATTN: Student Accounts, 7000 University Blvd, Huntsville, AL 35896 OR contact Cashier's Office at 256.726.8429.**

**This application should be submitted at least one year prior to your planned term of graduation. Complete application with your Advisor/Chair and submit your application to your Department Chair.**

The following information is used to comply with federal, state and institutional reporting guidelines:  
Date of Birth: \_\_\_\_\_ Sex: Female  Male Race/Ethnic Origin:  Black  Caucasian  Hispanic  American Indian/Alaskan  Asian/Pacific Islander