



Application to Petition for Associate Degree Graduation

Application should be made prior to advising for the semester of planned program completion.

Name _____ Social Security No. _____

Permanent Home Address _____

City _____ State _____ Zip _____

Telephone (where you can be reached until graduation) () _____

Clearly print your name as you wish it to appear on your degree diploma.

First Middle Last

I am applying with the belief that my program requirements will be completed at the end of Spring Semester, May 16, 2002.

I am a Toledo-area Campus graduate. I am a Findlay Campus graduate.

I expect to complete the degree requirements and receive an associate degree in:

Major _____ Second Major (Dual Degree) _____

Application Fee: \$10 November 19 - January 12 or \$20 January 14 - March 15

Address of parent/relative or someone who would know how to contact you after graduation

Street Address _____

City _____ State _____ Zip _____

Telephone () _____

Please return this petition to the Records Office to be considered a candidate for graduation.

For Records Office Use Only
Approved _____ Req Incomplete _____ WP List _____
Diploma _____ First Ltr Sent _____ Status Ltr Sent _____

Bursar's Office
Date _____ Amount _____