

APPLICATION FOR GRADUATION

This Application for Graduation is due to the Continuing Education Office no later than the last day of the second week of the semester in which the student intends to graduate.

PLEASE PRINT

STUDENT ID NUMBER _____ DATE _____

FULL LEGAL NAME

(as it should appear on your diploma)

First _____ Middle _____ Maiden _____ Last/Family Name _____

PHONETIC SPELLING

(Please provide if your name is commonly mispronounced)

HOMETOWN

(for commencement program)

City _____ State/Province _____ Country _____

CURRENT ADDRESS

(for commencement mailings
Prior to graduation)

Street or P.O. Box, Apt. # _____

City _____ State/Province _____ Zip code _____

TELEPHONE NUMBERS

(please include area codes)

Home: _____ Work: _____

Cell: _____ Other: _____

EMAIL ADDRESS(ES)

(list the one(s) you check most frequently)

GRADUATION DATE

Degree Completion date: May *August December Year _____

I will will not be participating in the MAY DECEMBER ceremony.

* August Graduates – if you choose to participate, please indicate which graduation ceremony.

GRADUATION COMMENTS

(To be read at graduation – What does completing your degree mean to you? Who do you want to thank? Any comments on your experience at WSC?)

TYPE OF DEGREE

MBA MSE MSOM Ed.S.

MAJOR

PREVIOUSLY EARNED DEGREE(S)

(for commencement program)

(e.g. Bachelor of Science, Wayne State College, Wayne, NE, 20xx)

STUDENT SIGNATURE: _____

Email this form to Becky Keen at bekeen1@wsc.edu or mail to:

Wayne State College, 1001 College Way, Box 989, South Sioux City, NE 68776

Please report any change in graduation plans to Becky Keen via email or by phone at: 402/375-7243.