



Office of the Registrar • Woody Hall
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APPLICATION FOR GRADUATION

PLEASE PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
First Name	Middle Name	Last Name	

Mailing Address _____

City _____ State _____ Zip _____

Home Number (____) _____ Alternative Number (____) _____

ULV Student Identification Number

DEGREE INFORMATION MUST BE LISTED IN THE UNIVERSITY OF LA VERNE CATALOG.

Degree _____ Major _____ Minor _____

Concentration _____ Emphasis _____

INDICATE THE SEMESTER/TERM YOU PLAN TO COMPLETE YOUR FINAL COURSEWORK TOWARD THIS DEGREE.

Fall _____ Year _____ January _____ Year _____ Winter _____ Year _____ Spring _____ Year _____ Summer _____ Year _____

Please indicate if you would like to authorize the inclusion of your name, academic honors, degree and major in all commencement ceremony related publications. Please note if you check no your name will not be printed in the commencement program and on the University website. YES NO

Office of Registrar Official Use

File Name: _____

Date: _____

Amount Paid: _____

Degree Sequence: _____

Center/Location: _____

Advisor: _____

Commencement Year: _____

ULV GPA: _____

OAGPA: _____

Institutional Honor: _____

Degree Date: _____

Diploma Date: _____

Date Post: _____

Posted By: _____

Financial Hold: Yes No

Date Diploma Mailed: _____

Student Signature _____

Date _____