



UNIVERSITY OF LAVERNE

Regional and Online Campuses

APPLICATION FOR ADVANCED STANDING for CPBM Students

(Please return this form and the *Application for Graduation* to your Academic Advisor, not the Office of the Registrar)

Name: _____	Student ID#: _____
Address: _____	
Street	City, State and Zip
Campus Location: _____	La Verne Gmail Address: _____ @laverne.edu
Degree Program: _____	
Concentration(s) (if applicable): _____	

I am requesting Advanced Standing in order to be eligible to enroll in the Culminating Activity of my degree program. I am enclosing my application for graduation with the appropriate graduation fee.

- \$160 Graduation fee submitted via check.
Check payable to **University of La Verne**. Check # _____
- \$160 Graduation fee submitted via e-check or credit card.
I will pay the fee online in **MyLaVerne** on this date: _____ and as soon as the transaction is completed, I will notify my academic advisor via email (and cc: Student Accounts at stuacct@laverne.edu).
The applications for Advanced Standing and Graduation will not be processed without payment of the graduation fee.

By signing this form I attest to the following:

- I have completed a minimum of 21 semester hours or have completed 18 semester hours and am currently enrolled in a minimum of 3 semester hours.
- I have completed **all foundation** courses, special conditions or provisions specified by my academic department.
- I have a minimum cumulative GPA of 3.0 in all coursework applicable to my master's degree.

I am currently enrolled in the following courses:

(Note to student: Include those courses for which a grade of **INC** or **IP** is still pending)

DEPARTMENT	COURSE	TITLE	SEMESTER HOURS	TERM

I plan to enroll in the following courses:

DEPARTMENT	COURSE	TITLE	SEMESTER HOURS	TERM

I plan to register for the Culminating Activity during the _____ term.

Signature of Student

Date

Signature of Academic Advisor

Date