

Office of the Registrar • Woody Hall 1950 Third Street • La Verne, CA 91750

Office of Registrar Official Use

File Name: _

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LAVERNE	APPLICATI	on for Graduation	Date:
——— PLEASE PRINT YOUR NA	ME EXACTLY AS YOU	WISH IT TO APPEAR ON YOUR DIPLO	MA. Amount Paid:
□ Mr. □ Mrs.			Degree Sequence:
☐ Ms. First Name	Middle Name	Last Name	Center/Location:
			Advisor:
Mailing Address			Commencement Year:
			ULV GPA:
City	State	Zip	OAGPA:
Home Number ()		Alternative Number ()	Institutional Honor:
ULV Student Identification Number			Degree Date:
			Diploma Date:
DECREE INFORMATION	MUST RE LISTED IN T	THE UNIVERSITY OF LA VERNE CATALO	Date Post:
			Posted By:
Degree	Major	Minor	Financial Hold: ☐ Yes ☐ No
concentration Emphasis			Date Diploma Mailed:
INDICATE THE SEMESTE	ER/TERM YOU PLAN TO	O COMPLETE YOUR FINAL COURSEWO	ORK TOWARD THIS DEGREE.
Fall January Year Y	Year WinterYear	Spring Summer Year	
•			all commencement ceremony related publications.
Please note if you check no your	name will not be printed in t	the commencement program and on the University	website. □ YES □ NO
Student Signature			Date