# KUTZTOWN UNIVERSITY
Registrar's Office

# Graduation Application

First: _____     Middle: _____     Last: _____

ID#: _____     Are you a U.S. Citizen?     Yes     No

Permanent Address:
Address 1: _____          Address 2: _____

City: _____          State: _____     Zip Code: _____

Cell phone: _____          Email: _____

Graduation Semester: _____     Graduation Year _____

Will you complete your graduation requirements in the semester listed above?     Yes     No

Majors:

Minors:

Total Number of Credits: _____
Will you be making any changes to your Majors and Minors:     Yes     No
If yes, what changes:

**Is your legal name different from what is in the KU system?**     **Yes**     **No**

To change your name you must provide legal documentation such as a Birth Certificate, Driver's License, Social Security Card, Passport                              Attach Item Here

**Please enter your name exactly as you want it printed on your diploma:**
_____

Where would you like your diploma mailed?

Address 1: _____          Address 2: _____

City: _____          State: _____     Zip Code: _____

Country (if not USA) _____

**Signature:** _____     **Date:** _____

**For Regsitrar's Office Use:** _____     **Date:** _____

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Attn.: Registrar's Office, P.O. Box 730, Kutztown, PA 19530
Phone: (610) 683-4485     Fax: (610) 683-1586     Email: regoffice@kutztown.edu