



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: _____