

Western Connecticut State University  
Application for Degree

**PLEASE PRINT ALL INFORMATION REQUESTED BELOW**

Month of Graduation:  May     August     December    Year of Graduation: \_\_\_\_\_

Application Deadlines: May graduation (October 1); August graduation (February 1); December graduation (April 1).  
This form is guaranteed to be processed only if submitted by the appropriate deadline.

Name: \_\_\_\_\_ I.D.# \_\_\_\_\_  
(Exactly as you want it to appear on your diploma)

Permanent Address: \_\_\_\_\_  
Street, City, State, Zip Code

Local/Campus Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Permanent                      Local

**DEGREE**

- |  |  |
|--|--|
| <input type="checkbox"/> Associate in Science                      | <input type="checkbox"/> Bachelor of Business Administration<br>Major or Concentration _____ |
| <input type="checkbox"/> Bachelor of Music<br>Concentration: _____ | <input type="checkbox"/> Bachelor of Science<br>Major or Concentration _____                 |
| <input type="checkbox"/> Bachelor of Arts<br>Concentration _____   | <input type="checkbox"/> Minor: _____  |

**You are responsible for informing the Registrar's Office in writing about any changes made after you receive your evaluation. All transcripts for classes taken at other institutions must be sent to the Registrar's Office.**

**Your diploma will be mailed to you approximately one month after graduation contingent upon official approval by your department and the office of the Registrar. In addition, all fees owed the University must be paid before you will receive your degree.**

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

TOTAL EARNED AT W.C.S.U	_____	JR. YR. ADMIT	YES _____	NO _____
TOTAL PASS/FAIL	_____			
TOTAL EXAM CREDITS	_____	LANG. REQ. MET	YES _____	NO _____
TOTAL TRANSFER CREDITS	_____			
TOTAL INCOMPLETES	_____	PE WAIVER	YES _____	
TOTAL IN PROGRESS	_____			
GRAND TOTAL	_____	Q.P.A.	_____	

NEEDS: \_\_\_\_\_