S

SNOW COLLEGE

GRADUATION APPLICATION

GRADUATION INFORMATION.

Student Name: _____   **ID #:** _____
(Please print your name as you want it to appear on your diploma)

Email: _____   **Phone #:** _____

Diploma Mailing Address: (diplomas are sent out 8-10 weeks after the end of the semester)

Street or PO Box #: _____ Apt # (if applicable): _____

City: _____ State: _____ Zip: _____

Country: _____

I hereby apply to graduate from Snow College at the end of _____ Semester _____
(Spring, Summer, Fall)   (Year)

I intend to graduate with the following degree(s) (check appropriate space):

☐ Associate of Arts	☐ Associate of Science – Nursing
☐ Associate of Science	☐ Associate of Pre-Engineering
☐ Associate of Science – Business	☐ Bachelor of Music with an emphasis in commercial music
☐ Associate of Fine Arts	☐ Bachelor of Science in Software Engineering

☐ Associate of Applied Science in:	_____
☐ Academic Certificate in:	_____
☐ Technical Certificate in:	_____

Do you plan to attend graduation commencement ceremonies?   **Y/N**   (circle one)

If so, which campus?   **Ephraim/Richfield**   (circle one)

Applicant Signature: _____   **Date**: _____

Date Processed by Reg. Office: _____   Intitals: _____

Updated: 2/19/2025