



GRADUATION APPLICATION

INSTRUCTIONS.

1. Please print or type all information.
2. Make sure the application is completely filled out and signed.
3. If you have an address change after submitting this application, please be sure to inform the Graduation Coordinator, Greenwood Student Center, Room 220 (or graduation@snow.edu)
4. After this form is completed, please take it to the Registration window.
5. If you apply before the semester you intend to graduate, the Graduation Office will perform a pre-audit that can be accessed through Degree Works.

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):

<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Associate of Science – Nursing
<input type="checkbox"/> Associate of Science	<input type="checkbox"/> Associate of Pre-Engineering
<input type="checkbox"/> Associate of Science – Business	<input type="checkbox"/> Bachelor of Music with an emphasis in commercial music
<input type="checkbox"/> Associate of Fine Arts	<input type="checkbox"/> Bachelor of Science in Software Engineering
<input type="checkbox"/> Associate of Applied Science in: _____	
<input type="checkbox"/> Academic Certificate in: _____	
<input type="checkbox"/> 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: _____ Initials: _____