

**APPLICATION
FOR
GRADUATION**



**CHARLESTON
SOUTHERN
UNIVERSITY**

Phone: 843-863-8060
Fax: 843-863-8023

Office of the Registrar
P.O. Box 118087
Charleston, SC 29423-8087

Student Name: _____

Print name as you desire it to appear on diploma

ID #: _____ **Phone Number:** _____

Current Mailing Address: _____

Graduation Year: _____

Graduation Term: _____ Summer _____ Fall _____ Spring (Spring Exercises Only)

Degree: _____ **Major:** _____

Minor: _____

Do you wish to participate in the University's graduation ceremony? ____ Yes ____ No

_____ Height

A graduation fee is required regardless of whether or not you participate in the ceremony. If you change your mind, please notify our office.

Note: If you do not plan to attend the graduation ceremony, please give the address to which you would like your diploma mailed (if different from above).

If you do not graduate in the semester indicated above, you must resubmit your Application for Graduation, as well as a re-application fee.

Student's Signature **Date**

Data Entry **Date** **Diploma Received** **Date**

Integrating Faith in Learning, Leading and Serving