

Charleston Southern University
Office of the Registrar
9200 University Boulevard
P.O. Box 118087
Charleston, SC 29423-8087
FAX (843) 863-8023

Student Name:

First, Middle, Last - Print Name As You Desire It To Appear on Diploma

ID #: _____

Phone Number : _____

Current Mailing Address:

Year You Desire to Graduate: _____

Term You Desire To Graduate: ____ Summer (Fall Exercises Only) ____ Fall ____ Spring ____

Degree: _____ Major: _____

Minor: _____

Do you wish to participate in the University's Graduation Exercises?

____ Yes ____ No

A graduation fee is required regardless of whether or not you participate in graduation exercises.

Note: If you do not plan to attend graduation exercises, 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 or update an Application for Graduation

Student's Signature

Date

Diploma Received

Data Entry

Date