BLUEFIELD COLLEGE

Application for Graduation – Graduate Students

Name: _____   Student Id: _____

Mailing Address: _____

_____

Contact Information: Local   __(_____)_____
                         Home   __(_____)_____
                         Work   __(_____)_____
                         Email   _____

Name as you wish it to appear on diploma   _____
                                              Print

List your hometown as you wish it to appear in the commencement program   _____

Are you planning to attend the graduation ceremony?   Yes or No

The graduate is responsible for working with his/her advisor to ensure the following information is submitted by the deadline to the Registrar's office.

Check appropriate degree: _____Master of Arts

Major(s)   _____

List courses in your Major that remain
to be completed. Include current courses.

List - Course ID, Title and Credit

_____

_____

_____

_____

_____

Student's Signature   _____   **Date**   _____

Advisor's Signature   _____   **Date**   _____