



OFFICE OF THE REGISTRAR  
 640 Dr. Mary McLeod Bethune Blvd.  
 Daytona Beach, FL 32114-3009  
 (386) 481-2525 Phone / (386) 481-2550 fax

## DEGREE APPLICATION

**DIRECTIONS:**

*Student must submit Degree Application Form to the Registrar's Office and request an Audit in the Registrar's Office after conferring with their advisor and obtaining proper signature(s). No incomplete applications will be accepted.*

**NOTE: Application is good only for dates indicated below. Should dates change, you must reapply!!! You must complete a Federal Government required financial aid exit interview via the Financial Aid Office to receive your diploma/transcripts. Must clear all financial obligations in order to participate in commencement.**

*Please indicate your name the way it will appear on your Degree:*

NAME: \_\_\_\_\_ ID/SSN: \_\_\_\_\_  
 PHONE (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*Please indicate which address to forward your degree 10 weeks after commencement:*

- PRESENT ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- PERMANENT ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF DEGREE APPLYING FOR:  BA  BS  MAJOR: \_\_\_\_\_  
*Please use separate applications for each major. Minors will not be listed.*

REQUIREMENTS TO BE COMPLETED  FALL  SPR  SUM YEAR: \_\_\_\_\_  
 (select only one term):

DATE DEGREE TO BE AWARDED:  SPRING YEAR: \_\_\_\_\_

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**TO BE COMPLETED BY ADVISOR:**

Seniors eligibility for graduation is under the curriculum guide of the \_\_\_\_\_ catalog.\*  
 (Year)

List course requirements, transfer work, and name of college/university to be satisfied in the following semester(s):

FALL	SPRING	SUMMER

\*\*Please specify if all requirements have been met.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department Head \_\_\_\_\_ Date \_\_\_\_\_ Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_