1. **Student ID:** @

2. **Student Name to appear on diploma:**

   Legal documentation must be presented if name is different than what is in student information system.

3. All students who apply by the 1st Monday in March for fall, spring, or summer graduation will be listed in the Commencement Program. **If you prefer to opt out of having your name printed, please check this box.**

4. It is the student's responsibility to update contact information prior to submission of the Application for Graduation. Please verify and correct all information online or contact Registration and Enrollment Services at 928-226-4299.

5. Financial Aid Students: If you have received a student loan, you must complete the exit counseling at www.studentloans.gov.

6. By submitting this Application for Graduation, it does not guarantee your degree or certificate will be conferred. The Registrar's Office will evaluate your academic record to ensure all program requirements have been met. A letter of completion or denial will be mailed within 30 days after the end of the term in which the Application for Graduation is processed.

7. By signing below, I understand that I will be subject to all requirements and procedures.

   Student Signature: _____   Date: _____

   Advisor's Printed Name: _____   Date: _____

   Advisor's Signature: _____   Date: _____

8. Academic Catalog Year: _____

9. Program Type: Check only one per application.

   Associate of Arts (AA) Degree   Associate of General Studies (AGS) Degree
   Associate of Applied Science (AAS) Degree   Associate of Science (AS) Degree
   Associate of Business (ABUS) Degree   Certificate
   Associate of Fine Arts (AFA) Degree

10. Program Title: _____

11. Program Code (refer to change of major form): _____

12. Term/Year for which student is applying for graduation:

    Fall Term   Year: _____

    Spring Term

    Summer Term

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SHADEGR
GPA Honors
SHATCMT
Change of Major

13. Any in-progress and transfer course work needed to complete program requirements

Course	Credit Hours	Term & Year Completion Date	Institution

14. NAU Reverse Transfer Degree: Yes   No

15. Total CCC and TC Hours Completed Towards Program: _____

16. Total Program Hours Required: _____

17. GPA: _____

18. Residency Requirements: Degree 15 credit hours   Certificate 1/3 credit hours

19. Second Program Residency Requirements: Degree 15 credit hours   Certificate 1/3 credit hours

_____

FOR OFFICIAL REGISTRATION AND ENROLLMENT SERVICES USE ONLY

Degree				Certificate		
GPA Honors	Total Earned CCC Hours			GPA Honors	Total Earned CCC Hours	
Cum Laude	3.40-3.69			Honors	3.50-3.89	
Magna Cum Laude	3.70-3.89			High Honors	3.90-4.00	
Summa Cum Laude	3.90-4.00			GPA	2.00 or higher	
GPA	2.00 or higher			Residency	1/3 credit hours	
Residency	15 credit hours			Second Certificate	1/3 credit hours	
Second Degree	15 credit hours			Substitution(s)		
Substitution(s)				Cleared	Date:	By:
Cleared	Date:	By:		Not Cleared	Date:	By:
Not Cleared	Date:	By:				
AGEC: A B S	Date:	By:				