

TABOR COLLEGE WICHITA

DEGREE APPLICATION

BS or BSN (CIRCLE One)

DIPLOMA INFORMATION: Print Name exactly as you want it on your diploma:

_____/_____,
First Middle (opt.) Last (Phonetic notations to help with pronunciation at Commencement)

COMMENCEMENT PROGRAM INFORMATION:

Home Town (City and State or Country) Name on Program (if different from above)

***** DEGREE INFORMATION *****

Degrees will be conferred and diplomas issued upon completion of degree requirements and after approval of the faculty and Board of Directors who meet three times a year: October, February, and May. Students who complete degree requirements at other times may request a letter from the Registrar stating that requirements have been met and that the degree will be conferred after the faculty and Board's approval.

MONTH and YEAR when ALL degree requirements will be completed:** _____
**** (one major, General Education, 2.0 GPA, minimum of 124 hours, 40 upper level hours)**

**** THIS APPLICATION MUST BE FILED WITH THE TCW REGISTRAR'S OFFICE AT LEAST SIX WEEKS PRIOR TO CONFERRAL DATE. For those students planning to participate in Commencement, this application should be submitted at the beginning of the year of graduation.**

NOTE: If you do not complete degree requirements during the term indicated above, this application for degree form will be returned to you. You will then need to file a new application form with the Registrar's Office and pay the Diploma Re-Order Fee (\$25) once all degree requirements are completed.

***** COMMENCEMENT INFORMATION *****

Commencement exercises are held each year in May for those who have completed degree requirements during the previous year. In addition, students may participate in the May Commencement if at that time they have obtained a GPA of 2.0 and have no more than twelve hours of deficiency provided they have filed an approved plan with the TCW Registrar which details how the deficiencies will be met.

Do you plan to participate in Spring Commencement? Yes ___ No ___ **Which Spring?** Yr _____

If NO, please give address to which diploma should be mailed. Covers are NOT mailed but can be picked up at the TCW office.

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Work Phone () _____

Employer _____

Your name will be included as a Candidate for Graduation in press releases unless you ask to have it withheld.

Student Signature _____

Student ID _____ **Date** _____

FOR OFFICE USE ONLY	
CX Grad Name _____	Planned Session _____
Degree granted _____	Honors _____
Honors _____	Degree in CX _____
Diploma printed _____	
Diploma mailed _____	
Business Office Clearance _____	