



Office of Records and Registration
 Winthrop University
 126 Tillman Hall
 Rock Hill, SC 29733
 Phone: 803/323-2194
 FAX: 803/323-4600

GRADUATE SCHOOL APPLICATION FOR GRADUATION

Please print clearly or type all information requested. Submit this completed application according to the deadlines below. Diploma orders are based on the information provided on this form. Students receiving a degree may be included in lists provided to local and other news media for publication. Students wishing their names to be withheld from publications must submit a written request to the Office of Records and Registration at least one month prior to the commencement exercises.

* **DEADLINE FOR GRADUATE STUDENTS** - completed form due in the Office of Records and Registration, 126 Tillman, by **FEBRUARY 1** for May and August graduates, and **SEPTEMBER 15** for December graduates. Failure to submit an application by this deadline will result in a late fee and may result in a delay in obtaining your diploma. After the third week and for 30 days thereafter, the late fee is \$10. After the 30 day period following the deadline, the late fee increases to \$20.

****GRADUATION FEE** - A \$50 graduation fee will be charged to your student account. Please do not enclose this payment when submitting your Application for Graduation.

_____ Graduation term: May _____ August _____ December _____
 Student Number Year Year Year

Participation in commencement is contingent upon the completion of all requirements for the degree. Commencement exercises are held in December and May. Do you plan to participate in commencement exercises? (Circle one) Yes No

Name on Winthrop record: _____
 Last First Middle Suffix

Address: _____
 Street City State ZIP

Telephone: _____
 Daytime Evening E-mail Address

Name to appear on diploma: _____
 First Middle Last Suffix

Undergraduate information: _____
 Degree College/University

Hometown to be listed in the newspaper: _____
 City County State Country

_____ Graduate Degree/Major Option/Area of Concentration Adviser

_____ Student Signature Date

RECORDS AND REGISTRATION USE ONLY:				
_____	_____	_____	_____	_____
SGASTON	SHADEGR	SHADIPL	SPAIDEN	POS/SHANCRS
_____	_____	_____		
Old Crse	H Req'd	Final GPR		
Course	Number	Credit Hours	Grade	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Notes: