



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 \$25.00 late fee and may result in a delay in obtaining your diploma.

**\*\*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: