## Office of the Registrar 1570 Baltimore Pike, Lincoln University, PA 19352 484-365-8087 484-365-8116 Fax



## GRADUATION APPLICATION UNDERGRADUATE

09/12/18

ST NAME	FIRST NAME	MIDDLE INITIAL	Student ID#
ling address:			Telephone:
	Graduation: (check one)		cember Year:
Will you be partic	cipating in the May commencer	ment ceremony?	Yes O No
Hometown (to be prin	ted in the Commencement Program)		
Town:	Sta	te: Coun	try:
How do you want you	r name printed on the Diploma?		
NOTE: You must use	your legal name. You may specify w	what to abbreviate, spell-out, or hypho	enate.
I —	chelor of Arts  a BA, you must complete level 20	_ BB Bueneror or Belene	e
	nd minor(s) for which you are a		' Signatures are require
MAJOR #1		Department Chair's Sign	nature
MAJOR #2		Department Chair's Sign	nature
MINOR #1		Department Chair's Signature	
MINOR #2		Department Chair's Sign	nature
aduation Fee will b	e charged to your student acc	count. Please contact the Off	ice of the Bursar for
commenc	ents will not be pe ement ceremony u e and all financial	nless all degree re	equirements a