

# Faulkner University Graduation Application

PLEASE CIRCLE YOUR ANTICIPATED TERM OF GRADUATION

**AUGUST - DECEMBER - MAY**

PRINT CLEARLY

FIRST MIDDLE LAST SUFFIX

DIPLOMA MAILING ADDRESS: \_\_\_\_\_

ID # AND/OR SSN # \_\_\_\_\_ BEST DAYTIME PHONE CONTACT (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## DEGREE AND MAJOR (PLEASE CIRCLE)

- ASSOCIATE OF ARTS
- ASSOCIATE OF SCIENCE MAJOR \_\_\_\_\_
- BACHELOR OF ARTS MAJOR \_\_\_\_\_
- BACHELOR OF SCIENCE MAJOR \_\_\_\_\_
- BBA - BACHELOR OF BUSINESS ADMINISTRATION (One Year Degree Completion Program)
- MHR - BACHELOR OF SCIENCE IN MANAGEMENT OF HUMAN RESOURCES (One Year Degree Completion Program)
- BCJ - BACHELOR OF SCIENCE IN CRIMINAL JUSTICE (One Year Degree Completion Program)
- MABS - MASTER OF ARTS IN BIBLICAL STUDIES
- MCJ - MASTER OF SCIENCE IN CRIMINAL JUSTICE
- MED - MASTER OF EDUCATION
- MLA - MASTER OF LIBERAL ARTS
- MSM - MASTER OF SCIENCE IN MANAGEMENT

## MINOR AND/OR SECOND MAJOR (PLEASE LIST IF APPLICABLE)

## ANNUAL COMMENCEMENT EXERCISE (PLEASE CIRCLE)

**YES** I WILL BE PARTICIPATING IN THE ANNUAL COMMENCEMENT EXERCISE ON APRIL 30, 2010.  
(YOUR NAME CARD WILL BE MAILED TO THE ABOVE ADDRESS BY MARCH 31, 2010. DETAILED INFORMATION ON COMMENCEMENT DAY ACTIVITIES WILL BE GIVEN AT [WWW.FAULKNER.EDU](http://WWW.FAULKNER.EDU) "GRADUATION INFORMATION".)

**NO** I WILL NOT BE PARTICIPATING IN THE ANNUAL COMMENCEMENT EXERCISE ON APRIL 30, 2010.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OBTAIN UPDATED GRADUATION INFORMATION FROM THE FAULKNER UNIVERSITY WEBSITE. I UNDERSTAND THAT I MUST NOTIFY THE FAULKNER UNIVERSITY REGISTRAR'S OFFICE (IN WRITING) OF ANY CHANGES TO THE INFORMATION I HAVE PROVIDED ABOVE. I ALSO UNDERSTAND THAT SHOULD I NOT GRADUATE IN THE TERM IDENTIFIED, I MUST REAPPLY (IN WRITING) FOR GRADUATION IN A SUBSEQUENT TERM AND PAY A **\$15.00 REAPPLICATION FEE**. BY SUBMITTING THIS APPLICATION, I HEREBY AFFIRM THAT ALL INFORMATION SUPPLIED FOR GRADUATION IS COMPLETE AND ACCURATE. I ALSO AGREE TO PAY A **\$100.00 NON-REFUNDABLE GRADUATION APPLICATION FEE**, WHETHER PARTICIPATING IN THE ANNUAL COMMENCEMENT EXERCISE OR NOT.

## PAYMENT METHOD (PLEASE CIRCLE)

CREDIT CARD \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_

CHECK For Office Use Only: CHECK NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

MONEY ORDER For Office Use Only: ORDER NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

STUDENT SIGNATURE

DATE