

Faulkner University Graduation Application

(PLEASE CIRCLE YOUR ANTICIPATED TERM OF GRADUATION)

AUGUST - DECEMBER - MAY

Fax # (334) 386-7244

5345 Atlanta Highway Montgomery, AL 36109

PRINT CLEARLY

(LEGAL STUDENT NAME WILL BE PRINTED ON DIPLOMA AS LISTED IN ACADEMIC SOFTWARE.)

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.

NO I WILL NOT BE PARTICIPATING IN THE ANNUAL COMMENCEMENT EXERCISE.

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.

STUDENT SIGNATURE

DATE

Payment Method: Check/Credit Card/Money Order

CREDIT or Debit Card: Card Holder Name: _____

Card Holder Address: _____

(Am Express, Discover MC, VISA)# _____ - _____ - _____ Exp. Date _____ Security Code# _____