

Name: _____ UC-ID: _____

Planned Graduation Date: Month _____ Year _____ Union Scholars: ☐ Yes ☐ No

Degree: ☐ **BA** ☐ **BMu** ☐ **BS** ☐ **BSN** ☐ **BSW** ☐ **AS**

Major(s): _____

Emphasis(es): _____

Minor(s): _____

Bulletin: _____ (Must be the same for Major, Emphasis, Minor)

Students who maintain continuous residence may meet the requirements in the bulletin current at the time of entry or any bulletin published during the time of residence.

Signature of Advisor(s) _____ Date _____

Signature of Division Chair(s) _____ Date _____

Signature of Certification Officer _____ Date _____
(Education Majors only)

Signature of Union Scholars Director/Assistant _____ Date _____
(Union Scholars only)

DIPLOMA ORDER: Please CLEARLY PRINT your name below **EXACTLY** as you wish it to appear on your diploma — usually your **full legal name including maiden name** avoiding initials and abbreviations.

First Name

Middle Name

Last Name

COMMENCEMENT** Commencement exercises are held only in May for December graduates and prospective May and August graduates who qualify. Prospective May and August graduates will be listed in the Commencement program if they have signed and returned their graduation letter to the Records Office no later than the last Friday in March of that year.

****You are responsible for ordering your cap and gown and announcements from the Campus Store.**

GRADUATION: I agree to complete all listed courses (on next page) in time to allow grades to be in the Records Office **by Tuesday after Commencement**. I agree to report any changes in plans or program to the Records Office for approval.

Please confirm that you have checked the following and that based on the classes listed on the 2nd page you are scheduled to meet each of these graduation requirements:

- | | |
|--|---|
| <input type="checkbox"/> General Education and all degree requirements | <input type="checkbox"/> Residency |
| <input type="checkbox"/> Upper Division credits (Bachelor's degree) | <input type="checkbox"/> Paramedic School Approval form (IRR-Paramedic majors only) |
| <input type="checkbox"/> Total credits | <input type="checkbox"/> Supporting Area form (Biomedical Science majors only) |
| <input type="checkbox"/> WR | |

Student's Signature

Date

Name _____

UC-ID _____

COURSES TO BE COMPLETED PRIOR TO GRADUATION*Major, emphasis, contextual or minor grades must be C (2.00) or better***SEMESTER 1** Term _____ Year _____ (Union College Classes)

Prefix	Number	COURSE TITLE	Cr Hrs

SEMESTER 2 Term _____ Year _____ (Union College Classes)

Prefix	Number	COURSE TITLE	Cr Hrs

SEMESTER 3 Term _____ Year _____ (Union College Classes)

Prefix	Number	COURSE TITLE	Cr Hrs

SUMMER TERM/OTHER CLASSES and/or INTERNSHIPS**

Prefix	Number	COURSE TITLE	Semester Hrs	Where Class is Taken	When Taken (Term Yr)

**** The student must request official transcripts which should be sent directly to the Union College Records Office after completion of these courses.**