Petition for Graduation

I hereby petition Donnelly College to award the degree indicated below to me upon completion of all degree requirements at the end of the present semester.

Please check one:			Student ID:		
□ A □ A □ B □ B	achelor in Art	ience Degree oplied Science Degree, Concent s Degree plied Science Degree, Concentr			
PLEASE PRINT NAME AS DESIRED ON DIPLOMA:					
Address:	Street		City	State	
Zip		Phone Number _			
Please cho	oose one of the	e following:			
	I would like my diploma mailed to the above address. I will pick up my diploma in the Registrar's office when available. (Usually 4 weeks after the end of the semester. Please call the Registrar's office)				
I plan to p	participate in th	he Spring graduation exercises:			
	YES	If yes: Height:	Weight:		
	NO		1119	•	
□ M □ K	lissouri ansas	check which state board you we	ouid like your tra	nscripts to be sent to:	
NOTATI	ED ON YOUR	OF \$40.00 IS DUE IN THE B R CHECKLIST. THE FEE M N THE GRADUATION CER	UST BE PAID	CE BY THE DEADLINE EVEN IF YOU DO NOT PLAN	
Student S	Signature			 Date	

Rev 9.1.2015