

Request for Graduation



Washington University of Virginia

Name _____ <small>Last Family Name</small> <small>First Given Name</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring <input type="checkbox"/> Spring-Flex <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall-Flex <input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program <input type="checkbox"/> Non-Degree Program		
<input type="checkbox"/> ESL <input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____	<input type="checkbox"/> Doctor _____
Student ID No. _____	Contact Phone Number _____	
E-mail Address _____		

I have completed or will have completed all the academic courses required for the _____ Degree
degree by _____ Year _____ Semester .

I hereby request permission for graduation from the Washington University of Virginia.

To be completed by students:

- completed all degree requirements _____ Credit + _____ Credit (_____ Year _____ Semester)
- Submit all the documents that the school requires for graduation
 Yes No _____
- Return all library property Yes No
- Submit all tuition & fee Yes No

Applicant: _____ Date: _____

Office Use Only

Total Credits Earned: _____	GPA: _____
Graduation Exam: Pass / Fail _____	
Graduation Fee: <input type="checkbox"/> Check (# _____) <input type="checkbox"/> Cash <input type="checkbox"/> Card Date: _____ By: _____	

Approval

Registrar: _____ Date: _____
Signature

Director of Department: _____ Date: _____
Signature

President: _____ Date: _____
Signature