



PETITION to GRADUATE - Degree

Office of the Registrar

1409 Walnut Grove Avenue, Rosemead, California 91770

Phone 626.571.8811 | Fax 626.571.1413

INSTRUCTIONS: COMPLETE both pages of this form. All degree students must submit this form when registering for their final term. Students who wish to participate in Commencement prior to completing their program must submit this form by posted Commencement deadlines.

1. Email to Department Chair to verify that you are graduating.
2. Chair will forward approved form to Registrar's Office.
3. Registrar's Office will confirm grad check and notify Accounting to charge fees to your account.
 - A. Graduation Fee: required. *All students pay this fee when registering for final term*
 - B. Commencement Fee: optional. *Must be paid by first day of spring semester if participating in ceremony*

Diplomas are released upon fulfillment of all obligations to the university as well as all degree requirements.

Last/Family Name _____ First Name _____ Student ID # _____

Residential Address after Graduation **DO NOT ENTER 1409 Walnut Grove Avenue as your residence even if you plan to maintain a mailbox on campus.**

_____ Street Address _____ City _____ State _____ Zip Code _____ Country _____
Permanent Email _____ Phone _____

PETITION TO GRADUATE

I will complete my final degree requirements in May August December Year: _____ and petition to graduate with the degree and major indicated below. *Note: You may apply for graduation only in your current program of enrollment and declared concentration/minor.*

Student Signature: _____ Date _____

DEGREE EARNED *Select degree, including major and declared concentration.*

BACHELOR'S DEGREE

Liberal Arts Concentration, if applicable: _____

DECLARED MINOR, if applicable

MASTER'S DEGREE

DOCTORAL DEGREE

DIPLOMA ORDER - NAME

Enter your name in the box above **EXACTLY** as you would like it to appear on your diploma. Name on diploma must match legal name under which you have enrolled, but you may also include names that may not have been reported to UWest, such as dharma name or nickname.

DIPLOMA DELIVERY

HOLD FOR PICKUP *If your diploma is to be released to a third party, note the individual's name below. ID will be required at time of release.*

MAIL *If requesting mail, provide mailing address below or note PERMANENT if you would like it mailed to address provided above.*

Name: _____

Address: _____

City, State, Zip Code: _____ Phone #: _____

Your diploma will be mailed via Priority Mail within US; first class mail out of country. If you would like priority shipping out of country, there will be an additional shipping charge. Price based on destination address.

CHAIR'S APPROVAL

I confirm that this student is entering the final term of enrollment. Graduation is contingent upon successful completion of all scheduled courses. A graduation check is attached.

Comments:

Approved by _____ Date _____

COMPLETE BOTH PAGES OF THIS FORM

Commencement Application

No, I do not plan on participating in the Commencement Ceremony.

Yes, I DO plan on participating in the Commencement Ceremony scheduled in May _____ (year).

Commencement is a public event. By selecting YES, you indicate that you understand that videos and photos from this event may be used by the university in marketing and promotional releases. In addition, you allow the university to include you in graduation publications and listings.

If you selected YES, check A or B to indicate your eligibility to participate.

- A. I graduated/will graduate in the summer fall spring term *prior* to Commencement.
B. I request permission to walk early, prior to completing graduation requirements.

If you select B, check the appropriate box below to certify eligibility.

I am an undergraduate and

1. I have no more than 9 units remaining after Commencement
and
2. I am registering for my final courses in the subsequent summer and or fall term.

Final Courses (list course codes): _____

I am a graduate student and

1. I have successfully completed or will complete prior to the 14th week of the spring term my dissertation defense, thesis, or comprehensive exam as required for my program.

Requirement/Date Scheduled: _____

and

2. I have no more than 6 units remaining after Commencement,
and
3. I am registering for my final courses in the subsequent summer and or fall term,

Final Courses (list course codes): _____

For Cap & Gown Order: Height: _____ feet _____ inches OR _____ centimeters

Weight: _____ pounds OR _____ kilograms

CHECK HERE IF EITHER OF THESE APPLY TO YOU US Military Veteran UWSG Officer

OFFICE USE ONLY BELOW THIS LINE

Accounting *Associated fee(s) will be charged to student account*

Graduation Fee & SA Clearance *Applicable to all students* \$50 Date Posted _____

Commencement Participation Fee *Applicable to participating students; Fee covers cost of Cap & Gown plus basic Photo Package*

Bachelor's Degree - \$90 Master's Degree - \$125 Doctoral Degree - \$140 Date Posted _____

Registrar's Review & Approval

Date Form Received _____ Comments: _____

GRADUATION

Verified on track to graduate
_____ (term)

COMMENCEMENT

Eligibility to participate in ceremony confirmed YES NO

DIPLOMA RELEASED Date: _____ By: _____ Comments: _____

POST TERM REVIEW

Graduation requirements fulfilled

NO If no, Revised Graduation Date _____

YES Graduation Date _____ Final GPA _____

UG Honors: Cum Laude (3.7-3.79)

Magna Cum Laude (3.8-3.89)

Summa Cum Laude (3.9-4.0)