



University of Bridgeport
APPLICATION FOR GRADUATION

UB ID: _____
Grad. Date: _____ / _____
Month Year

Instructions

Take this application to your Faculty Advisor(s) (major and minor areas) for his/her signature. This is to verify your major and minor areas of study. The Faculty Advisor's signature does *not* indicate that you have met graduation requirements.

- You must **reapply** for graduation if you are required to take a course after the expected graduation date to complete your graduation requirements.
- The University will hold a Commencement Ceremony in May.
- The graduation fee must be paid. (\$100)

Student

Family Name : _____
Given Name : _____ MI: _____
Male: ___ Female: ___ I WILL / WILL NOT attend May _____ Commencement
(-----Circle one-----) Year
Height: ___ ft ___ in – or – ___ cm

(PRINT your name CLEARLY and EXACTLY as you wish it to appear on your diploma)

Graduation

Degree expected: _____ Major(s)/Academic Pgm: _____
School/College.: _____ Major Minor: _____
Date expected....: _____ / _____ Major Minor: _____
Month Year Major Minor: _____

Contact Addresses

Send Commencement instructions to: _____ Send Diploma to: _____

Phone number: _____ Phone number: _____
Note: Notify the Registrar's Office immediately of any changes to either address.

Approval (Applicants do not write in this space)

Advisor..... : _____ Date: _____ / _____ / _____
Month Day Year
Advisor..... : _____ Date: _____ / _____ / _____
Month Day Year
Chair/Director : _____ Date: _____ / _____ / _____
Month Day Year
Dean..... : _____ Date: _____ / _____ / _____
Month Day Year