

ROGER WILLIAMS UNIVERSITY - DEGREE APPLICATION

Print name using upper- and lower- case letters as you wish to have it appear on your diploma and for publications

_____ *First Name*

_____ *Middle Name or Initial*

_____ *Last Name*

Diploma will be mailed Priority Mail to the permanent address

Please sign below:

Permanent Address:

_____ Street _____ City _____ State _____ Zip Code _____

Home Phone #: _____ Local Phone #: _____

Local Address:

_____ Street _____

_____ City _____ State _____ Zip _____

I understand that my diploma will be ordered and issued only after I have completed all degree requirements and that my participation in the graduation ceremonies does not represent official recognition or certification of my degree status.

I also understand that my diploma will be held by the Bursar until I have satisfied all financial obligations to Roger Williams University.

_____ *Student Signature & Date*

_____ *ID Number*

Program and Degree: Please Check One

OFFICE USE ONLY BELOW THIS LINE - evaluation/ceremony/degree information

Day Program

Continuing Studies

- Bachelor of Architecture
- Bachelor of Arts
- Bachelor of Fine Arts
- Bachelor of Science
- Dual BS/MARCH

- Bachelor of Arts
- Bachelor of Science
- Certificate
- Bach.of Gen. Studies
- Assoc. of Science

Expected date of Graduation: MONTH & YEAR

May 20_____
 August 20_____
 December 20_____

Master's Program

- Justice Studies
- Architecture
- Education
- Forensic Psychology
- Public Administration

Major Evaluation(s)

1st To: _____ Date: _____ Student Notified _____
 2nd To: _____ Date: _____ Student Notified _____

Minor Evaluation(s)

1st To: _____ Date: _____ Student Notified _____
 2nd To: _____ Date: _____ Student Notified _____

Do you plan to participate in the May commencement ceremony? Yes No

Name in program: Yes No Attended Ceremony: Yes No

First Major: _____ Second Major: _____

Degree Earned: _____ Degree Date: _____

First Minor: _____ Second Minor: _____

First Major: _____ Second Major: _____

Core Concentration: _____ Catalog Year:** _____

First Minor: _____ Second Minor: _____

**** Your advisor must sign and date this form.
 His/her signature serves as verification of academic information
 and signifies eligibility for graduation evaluation.**

Cumulative GPA _____
 cum laude magna cum laude summa cum laude

Financial Clearance: Yes No Diploma Mailed/Date _____

_____ *Advisor's Signature*

_____ *Date*