

College of Education and Human Development
APPLICATION FOR GRADUATION

Please check your e-mail for graduation confirmation

RETURN this form to:
 Academic Advising & Student Support Center, College of Education & Human Development, A104 Peters Hall

GRADUATION TERM: _____ Year: _____

NAME: Enter name as it is to appear on your diploma.

First: _____ Middle: _____ Last: _____

STUDENT ID#: _____ RU EMAIL ADDRESS: _____@radford.edu

ADDRESS: Enter permanent and local address.

Permanent Street or PO Box: _____

City: _____ State: _____ Zip: _____ Phone: _____

Local Street or PO Box: _____

City: _____ State: _____ Zip: _____ Phone: _____

DEGREE: BA BA with licensure to teach.
 BS BS with licensure to teach.

1st Major 2nd Major: _____ Concentration

Areas of Licensure: _____ Minor: _____

Advisor: _____ **Catalog Year:** _____
(First Semester at RU)

Use the tables below to indicate any additional courses needed for your degree in which you are NOT currently enrolled.

PREFIX	NUM	COURSE NAME	HRS

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ASSOCIATE'S DEGREE: Did you earn an Associate's degree from a **Virginia Community College**?
 If yes which one? AA AS AA&S Name of Community College: _____

Have you repeated any courses while at Radford? Yes No If yes, what are they?

Briefly explain any academic petitions requesting exceptions, substitutions, or waivers for your program.

STUDENT ID#: _____ Date: _____