



OFFICE OF THE REGISTRAR

REQUEST FOR GRADUATION

Complete and obtain required signatures before submitting to the Registrar's Office.

Degree Evaluation: ALL DEGREE REQUIREMENTS MUST BE MET

Have you applied for a previous semester for graduation? _____ If yes, what semester? _____

Graduation Semester _____

Student Level: Undergraduate/Second Degree Graduate

Student's Lander ID _____

Student's name _____

Student's phone number _____

Student's Lander email address _____

Comments: _____

APPROVAL SIGNATURES: By signing, you affirm that a thorough review of the student's Degree Evaluation has been completed. Your signature confirms that the student has completed or is enrolled in all required coursework necessary to fulfill university and departmental graduation requirements.

Major Advisor Date

Major Department Chair Date

Teacher Certification, K-12 and Secondary: Dean of the College of Education Date

Graduate-Level Students: Graduate Studies Director Date

For Internal Use Only
Code Given: