

APPLICATION FOR DEGREE CONFERRAL & DIPLOMA / AUGUST

TRADITIONAL STUDENTS ONLY

***LAST DATE TO APPLY FOR CONFERRAL: JULY 31**

Please **TYPE** or **PRINT** your name **EXACTLY** as you wish to have it appear on your diploma.

NAME: _____
First Middle Last Suffix

MAILING ADDRESS: _____
Street City State Zip Code

PHONE NUMBER: () () ()
Home Work Cell

STUDENT ID#: _____ **ADVISOR:** _____

SELECT DEGREE PROGRAM TO BE NOTED ON DIPLOMA

_____ Bachelor of Arts _____ Bachelor of Science _____ Bachelor of Applied Science
_____ Master of Education

1st Major: _____ 1st Minor: _____
2nd Major: _____ 2nd Minor: _____

Are you also getting a Teaching Licensure? Yes _____ No _____

Should a problem arise with your plan to graduate, we will contact you through your **Averett e-mail account**. Your signature below indicates your agreement to this policy and confirms your email address is correct.



Email: _____ @averett.edu

******SPECIAL REQUIREMENTS******

1. A student who receives the diploma in August may choose to participate in the commencement exercise in December by checking the appropriate box below:

_____ I **WILL** participate in the December commencement exercises. I will receive my diploma by mail in August, but my diploma COVER containing a photocopy of the diploma will be presented to me at the December ceremony.

_____ I **WILL NOT** participate in the December commencement exercises. I will receive my diploma and its cover by mail in August.

2. The commencement fee will be billed to my account and is payable **PRIOR** to conferral. If I am unable to meet my degree requirements by July 31st, my \$100.00 graduation fee will be transferred to the December graduation, and application for the December graduation will be required. I understand that if I do not complete my degree requirements by the December graduation, I must pay the full commencement fee again when I reapply.

3. If my plans for participating in the December commencement exercises change, I **MUST** notify the **REGISTRAR'S OFFICE in writing** 30 days prior to commencement.

SIGNED _____ **DATE** _____

FAX: (434) 799-0658 or MAIL to Averett University Registrar's Office, 420 West Main Street, Danville, VA 24541.