

COLLEGE OF EDUCATION & HUMAN SERVICES
CALIFORNIA UNIVERSITY OF PA – CALIFORNIA, PENNSYLVANIA

****APPLICATION FOR GRADUATION FALL 2009****

**NOTE: DO NOT APPLY FOR GRADUATION if you are ONLY COMPLETING Post-Baccalaureate Certification
Fall 2009 Deadline Date: Friday, September 25, 2009**

Date of Application:

Full Name: Student ID (CWID or SS#):

Please type your name EXACTLY as you want it to appear on your diploma.

Mailing Address: City: State:

Zip Code: Personal Email Address: Telephone Phone:

Please select your major:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Bachelor of Science in Education | <input type="checkbox"/> With Certification | <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Bachelor of Science in Sport Mgmt |
| <input type="checkbox"/> Early Childhood Education | | <input type="checkbox"/> Communication Disorders | <input type="checkbox"/> Sport Management Track |
| <input type="checkbox"/> Early Childhood/Mentally Physically Handicap | | <input type="checkbox"/> Early Childhood Services | <input type="checkbox"/> Fitness & Wellness Track |
| <input type="checkbox"/> Elementary Education | | <input type="checkbox"/> Elementary Ed Services | <input type="checkbox"/> Professional Golf Management Track |
| <input type="checkbox"/> Elementary/Early Childhood | | <input type="checkbox"/> General Education | |
| <input type="checkbox"/> Elementary/Mentally Handicap | | <input type="checkbox"/> Social Work | <input type="checkbox"/> Associate in Applied Science
Physical Therapy Assist. |
| <input type="checkbox"/> Technology Education | | | |
| <input type="checkbox"/> Secondary Education: <input type="text"/> (Concentration) | | <input type="checkbox"/> Bachelor of Science Athletic Training | |
| <input type="checkbox"/> Associate in Applied Science – Early Childhood | | | |

ALL STUDENTS (regardless of major)

1. Do you have a dual degree? Yes; No; If Yes, List that major: Those applying for a “dual degree” must also apply for graduation through that corresponding college. College of Liberal Arts (Duda, Room 115); College of Eberly Science & Technology (Eberly, Room 330)
2. Do you have a/any minor(s)? Yes; No; If Yes, List that minor(s):
3. Do you have transfer credits coming in for fall 2009? If yes, LIST THEM on the back of your application in the fall schedule area and note where they are coming from.

****If you are not attending graduation on December 19, 2009 at 10:00 a.m. and want your diploma mailed to you, please include a \$4.00 mailing fee with your graduation application. There is no longer a fee to apply for graduation – only a mailing fee.**

Do you plan to attend commencement on December 19, 2009 at 10:00 a.m.?

Plan to Attend Commencement Do Not Plan to Attend Commencement

Pick Up Diploma at Keystone 200B:

Mail Diploma to the above address: Mailing fee paid: \$ _____; CK/MO/CA

PLEASE LIST CLASS SCHEDULE FOR THIS SEMESTER (List course, instructor and number of credits. Please note if any classes are being taken at another university).

Courses	Instructor	# credits	Transferring
1. _____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>

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DO NOT WRITE IN THE SPACES BELOW: (For office use only)

ACADEMIC RECORD TO DATE:

Earned credits at C.U.P. _____	Any unremoved "F" grades in required subjects or major fields?	YES	NO
Transfer/Military/CLEP _____	Any unremoved "Incomplete" grades in required subjects or major field?	YES	NO
Total Credits to Date _____	Any other "Incomplete" or "F" grades?	YES	NO
Credits Scheduled _____			

Developmental Credits (-) (_____) _____

TOTAL CREDITS _____

Current GPA _____

Final GPA _____

APPROVED FOR GRADUATION: YES NO

 (Department Chair)

 (Date)

 (Dual Major Department Chair)

 (Date)

If not approved, indicate reason: _____

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