

The University of Virginia's College at Wise Graduation Application

All Items Required

Full Legal Name: _____
Name to be used for the Program and Diploma

ID Number: _____ Campus Box Number: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

I can be reached at _____ after the last day of classes.
(telephone / e-mail address)

Degree Information

BA BS **1st Major:** _____ **Concentration:** _____

BA BS **2nd Major:** _____ **Concentration:** _____

BSN **Major:** RN-BSN Program

BSN **Major:** Pre-Licensure Program

Minor: _____ Catalog Year Being Used: _____

Date Degree Requirements to be Completed:

May _____ August _____ December _____

I Will Will Not participate in the May Graduation Ceremony

Parent(s) Name & Mailing Address: _____

Special Needs for anyone attending Graduation Ceremony: _____

STUDENT SIGNATURE: _____ **DATE:** _____

For Office Use Only

Date Received: _____ Date Processed: _____

Date Sent to Department Chair: _____

Date Received from Department Chair: _____

Date Letter Mailed to Student: _____