



OLD DOMINION UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
 116 Rollins Hall
 Norfolk, VA 23529-0053
 (757) 683-4425 (Voice) (757) 683-5357 (Fax)

APPLICATION FOR GRADUATION

PLEASE PRINT

Student ID Number _____ - _____ - _____

- Undergraduate Degree

Undergraduate students should return this form to their departmental Academic Advisor.

- Graduate Degree

Graduate students should return this form directly to the Office of the University Registrar.

Name (as desired on diploma -- first, middle, lastname order) Please print clearly, including any accent marks or special characters that should be used to print your name on the diploma. Legal name only, no quotes, parentheses, slashes, ranks, titles, etc.

 First Middle Last

Permanent Address* _____
 Number and Street

 City State Zip

Telephone _____ (Home) _____ (Daytime)

Expected date of graduation _____ Catalog year _____

Degree (i.e., BA, BS, BSBA, MA, MS, PhD, etc.) _____ Concentration _____

Second Concentration** _____ Minor** _____

Certificate** _____ Emphasis** _____

If you are working on two degrees, you must submit an additional application for the second degree.

**All correspondence is mailed to the permanent address on record in the Office of the University Registrar. **If applicable.*

I am currently taking or plan to take courses to be transferred to Old Dominion University: Yes _____ No _____
 If yes, please indicate the course(s), credit hours, and the name of the institution where you are completing the course work. Use reverse side if additional space is needed.

COURSE	CREDIT HOURS	INSTITUTION
_____	_____	_____
_____	_____	_____

Ph.D. CANDIDATES: Dissertation Title (for commencement program): Please Print

Please refer to the *University Catalog* for further information about graduation and matters that may affect graduation.

Date of Application _____ Signature _____