

# Application for Graduation

Date: \_\_\_\_\_ Social Security or WIU ID No. \_\_\_\_\_

Name: \_\_\_\_\_  
*Print or type your name, using upper and lower case letters EXACTLY as you wish it to appear on your diploma.*

Expected graduation date (choose one): \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Fall 20\_\_\_\_

\_\_\_\_ I plan to participate in the following commencement ceremony (choose one):  
*If your plans to participate change, please advise the Graduate Office as soon as possible.*

- \_\_\_\_ May ceremony in Macomb
- \_\_\_\_ May ceremony in the Quad Cities
- \_\_\_\_ December ceremony in Macomb (Note: There is no December ceremony in the Quad Cities)

\_\_\_\_ I do not plan to participate in any commencement ceremony.

Current address (for mailing commencement information):

Street	City	State	Zip
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Telephone number: \_\_\_\_\_

Diploma address (diploma will be mailed 6-8 weeks after commencement):

Street	City	State	Zip
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List below the courses you are now taking and/or plan to take. Please include credit to be transferred from another college or university and indicate the school.

Dept./Course #	Course Title	Credit Hours	Term to be taken
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### Students – Do not write below this line

All students applying for graduation must complete an Alumni Register Card. The form can be returned to the Alumni Office or the Graduate Office.

\_\_\_\_\_  
Alumni House Representative

Date diploma mailed: \_\_\_\_\_



Upon completion, return this form to:  
**School of Graduate Studies**  
**Western Illinois University**  
**1 University Circle**  
**Macomb, IL 61455**  
 Phone 309.298.1806, Fax 309.298.2345, Email: Grad-Office@wiu.edu