

Application for Graduation

Western Illinois University
School of Graduate Studies

Date: _____

WIU ID No. _____
(For security purposes do not enter Social Security number)

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____
(NOTE: Must submit application by **March 10** for spring graduation; **June 10** for summer; **October 10** for fall)

Do you plan to participate in a commencement ceremony? ___Yes ___No

If yes, which ceremony? *(If your plans to participate change, please advise the Graduate Office as soon as possible.)*

___Macomb (May) ___Quad Cities (May only) ___Macomb (December)

Current address (commencement information will be mailed to this address):

Street City State Zip

Telephone number: _____

Email address: _____

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

Street City State Zip

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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All students applying for graduation must complete an Alumni Register form. The form is located in the drop down menu on STARS (www.wiu.edu/stars).

Students - Do not write below this line



Upon completion, return this form to the
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
www.wiu.edu/grad

Date diploma mailed: _____