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

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

WESTERN ILLINOIS UNIVERSITY

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:_____

Reset

3-29-10