

APPLICATION FOR GRADUATION

Registrar's Office 256.726.7353 registrar@oakwood.edu

			Application Date:			
-	E your NAME exactly as appear on your diploma				ID#	
Local Address	5	Cit	ty	State	Zip Code	
Permanent Address		Cit	ty	State	Zip Code	
Email Address (Oakwood University email address)		Cell Phone		Wo	ork Phone	
		REE INFORM				
				Minor(s)		
Expected grad	duation (Semester/Year: Fall, Spring, Sur	nmer & Year)):	Indicate catalog/bulle	etin to be used:	
☐ BA-Bachelor ☐ BSW-Bachelor ☐ MPH -Master ☐ MA-Masters	or of Social Work AA – Associate of Arts s of Public Health in Urban Ministry & Community Development	☐ AS-Ass ☐ MBA-M	astoral Studies	nce Certificate ness Administration	Social Work	dministratio
Removed all incomplete Grades			O No			
	verage of 2.0 CGPA		O No O No			
Has a grade of "C" or better in Major and/or Minor Completed the Major and/or Minor Track			O No			
Take the English Proficiency Exam			O No			
Taken the Department Exit Exam		O Yes	O No			
Is the student currently enrolled		O Yes	O No			
Substitution	s (attach sheet indicating substitutions)	O Yes	O No			
APPI ICATION I	FOR GRADUATION (AFG)/FINAL YEAR SCHED	III F (FYS) TO	RE COMPLETE	ED BY THE STUDENT: List (courses to complete d	earee
Course #	Fall Course Schedule/Term:	Credit	Course #	Spring Course S	chedule/Term:	Credit
	Course Title	Hours		Course	e iitie	Hours
Notice: Requirements approved as submitted on AFG/FYS. No changes n Applicant's Signature				• •	ould delay your date of gi	
	e					
Chairperson's Signature			Date of Signature			
Minor Chairperson's Signature			Date of Signature			
options: M	UATION FEE IS NON-REFUNDABLE A ail Cashier Check/Bank Draft to: Oal AL 35896 OR contact Cashier's Offi	kwood Univ	ersity, ATTI			