# APPLICATION FOR GRADUATION

Registrar's Office
256.726.7353
*registrar@oakwood.edu*

**Application Date:** _____

**PRINT/TYPE** your **NAME** exactly as you wish it to appear on your diploma _____ ID# _____

Local Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Email Address ***(Oakwood University email address)*** _____ Cell Phone _____ Work Phone _____

## DEGREE INFORMATION

**Major(s)** _____ **Concentration(s)** _____ **Minor(s)** _____

**Expected graduation (Semester/Year: Fall, Spring, Summer & Year):** _____ **Indicate catalog/bulletin to be used:** _____

**I AM APPLYING FOR (Check only one):**

☐ BA-Bachelor of Arts ☐ BS-Bachelor of Science ☐ BM-Bachelor of Music ☐ BBA-Bachelor of Bachelor/Business of Administration
☐ BSW-Bachelor of Social Work ☐ AA – Associate of Arts ☐ AS-Associate of Science ☐ Certificate _____
☐ MPH -Masters of Public Health ☐ MBA-Masters of Business Administration
☐ MA-Masters in Urban Ministry & Community Development ☐ MA - Pastoral Studies ☐ MSW - Master of Social Work

| **TO BE COMPLETED BY THE APPLICANT** | **Have you completed?** | **Outstanding Courses/Comments** |
|---|---|---|
| Removed all incomplete Grades | ◯ Yes ◯ No | |
| An overall average of 2.0 CGPA | ◯ Yes ◯ No | |
| Has a grade of "C" or better in Major and/or Minor | ◯ Yes ◯ No | |
| Completed the Major and/or Minor Track | ◯ Yes ◯ No | |
| Taken the Department Exit Exam | ◯ Yes ◯ No | |
| Is the student currently enrolled | ◯ Yes ◯ No | |
| Substitutions (attach sheet indicating substitutions) | ◯ Yes ◯ No | |

**APPLICATION FOR GRADUATION (AFG)/FINAL YEAR SCHEDULE (FYS) TO BE COMPLETED BY THE STUDENT:** List courses to complete degree.

| Course # | Fall Course Schedule/Term: Course Title | Credit Hours | Course # | Spring Course Schedule/Term: Course Title | Credit Hours |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Notice: Requirements approved as submitted on AFG/FYS. No changes made without approval of department chair. Any changes could delay your date of graduation.**

Applicant's Signature _____ Date of Signature _____

Advisor's Signature _____ Date of Signature _____

Chairperson's Signature _____ Date of Signature _____

Minor Chairperson's Signature _____ Date of Signature _____

**THE GRADUATION FEE IS NON-REFUNDABLE AND IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. PAYMENT options: Mail Cashier Check/Bank Draft to: Oakwood University, ATTN: Student Accounts, 7000 University Blvd, Huntsville, AL 35896 OR contact Cashier's Office at 256.726.8429.**
***This application should be submitted at least one year prior to your planned term of graduation*. Complete application with your Advisor/Chair and submit your application to your Department Chair.**

The following information is used to comply with federal, state and institutional reporting guidelines:
**Date of Birth:** _____ **Sex:** ◯ Female ◯ Male **Race/Ethic Origin:** ◯ Black ◯ Caucasian ◯ Hispanic ◯ American Indian/Alaskan ◯ Asian/Pacific Islander