GRADUATION APPLICATION

On the below line, please print name legibly and exactly as it should appear on your diploma:

FIRST MIDDLE LAST
Hometown (city/state/zip/country to appear in Commencement Program):

Mercer ID: ____________ Phone: (____) - (____) - (____) -

Permanent Business Cell

E-mail address: ________________________________

Permanent Address (It is imperative that you inform us of any changes in your current address):

Mercer P.O. Box or Local Address (if applicable):

DEGREE INFORMATION

I plan to satisfy all degree requirements: ☐ Fall ☐ Spring ☐ Summer semester of 20____

Primary Degree:
☐ College of Liberal Arts and Sciences:
☐ BA ☐ BFA ☐ BS ☐ BSH
☐ *School of Engineering:
☐ BS ☐ BSE ☐ MS ☐ MSE
☐ School of Business:
☐ BA ☐ BBA ☐ MBA
☐ College of Health Professions:
☐ BS ☐ MAT

Major/*Specialization: 1. ______________ 2. ______________ 3. ______________

Concentrations (if applicable): ________________________________

Minor(s): 1. ______________ 2. ______________ 3. ______________

Secondary Degree (if any): ____________________________________________
Major/*Specialization: ____________________________________________

NOTE: If you are an undergraduate student planning to satisfy all your degree requirements during the summer and want to participate in the Commencement Ceremony, you must complete the Special Request to Participate in Commencement Ceremonies form. Graduate students must contact their individual school or college for special consideration to participate in the Commencement Ceremony.

☐ I do plan to attend the Commencement Ceremony in May, 20____ (one ceremony each year)
☐ I do not plan to attend a Commencement Ceremony.

Refer to the current Mercer University Catalog for all policies pertaining to degree requirements, graduation with honors, participation in commencement ceremonies, and awarding of degrees. If any information (address, name, graduation term, etc.) changes after you submit this form, please notify the Macon Registrar’s Office immediately.

Student Signature: ___________________________ Date Submitted: ________________

Please return form to the Registrar’s Office at the above address.