GRADUATION APPLICATION

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

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

Mercer ID: ___________________ Phone: ( ) - ( ) - ( ) -

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): ________________________________

Permanent Business Cell

DEGREE INFORMATION

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

**Primary Degree:**

- ☐ College of Liberal Arts:
  - ☐ BA ☐ BFA ☐ BS ☐ BSH
- ☐ School of Engineering:
  - ☐ BS ☐ BSE ☐ MS ☐ MSE
- ☐ School of Business:
  - ☐ BA ☐ BBA ☐ MBA
- ☐ College of Health Professions:
  - ☐ BS

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.