GRADUATION APPLICATION

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

<table>
<thead>
<tr>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
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<tbody>
<tr>
<td>Hometown (city/state/zip/country to appear in Commencement Program):</td>
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Mercer ID: ___________________ Phone: (___) - (___) - (___) -

E-mail address: ___________________ Permanent Business Cell

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: □ Tift College of Education:
  □ BA □ BS □ BSH □ BSED □ EDS □ MAT □ MED □ PHD
□ *School of Engineering:
  □ BS □ BSE □ MS □ MSE
□ Penfield College:
  □ BA □ BASC □ BLS □ BS □ BSSS □ MS
□ School of Business:
  □ BBA □ MBA □ BA □ BM □ BME □ MM
□ Townsend School of Music:
  □ BS
□ 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 the 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.

(6/2017) ms