

UNIVERSITY OF DUBUQUE
Undergraduate Application for Graduation

ID # _____ Name _____ Month/Year of anticipated
Graduation ____/____
(December/May/August)
PRINT NAME exactly as you want it on the diploma

Address – **USED FOR MAILING DIPLOMA** _____ Home _____

Phone () _____

Cell Phone () _____

Non-UD Email _____

I am applying for the following degree and using the degree requirements of the ____ -- ____ academic catalog:
Year Year

(If you are unsure as to your degree or catalog, clarify with your advisor or the Registrar before submitting this application!)

Double Degree: Students currently enrolled at the University of Dubuque who wish to pursue two undergraduate degrees simultaneously (e.g. BBA in Business, BS in CIT) must satisfy the program requirements for both degrees as well as completion of a minimum of 150 credit hours.

DEGREE--CIRCLE ONE:

BA – Bachelor of Arts

BS – Bachelor of Science

BSN – Bachelor of Science in Nursing

BBA – Bachelor of Business Administration

AA – Associate of Arts

AS – Associate of Science

MAJOR #1 _____ Concentration (If applicable) _____

#2 _____ Concentration (If applicable) _____

MINOR #1 _____ MINOR #2 _____

ENDORSEMENTS (Education Students Only):

#1 _____ #2 _____ #3 _____ #4 _____

COACHING K-12 AUTHORIZATION ____ Yes

COMMENCEMENT

Do you plan to participate in the May Commencement Ceremony? _____ Yes _____ No

Do you plan to participate in the December Commencement Ceremony? _____ Yes _____ No

Ceremony Participation Eligibility: There are two commencement ceremonies held - December and May. December graduates may choose to attend the December or May ceremony. Beginning August 2016, students who graduate in August 2016 shall participate in the December ceremony.

My signature indicates that I have read and understand the graduation requirements of the University of Dubuque.

Student's Signature _____ Date _____

SIGNATURES REQUIRED:

STUDENT ACCOUNTS OFFICE (\$60 Fee Due) DATE
(Student Accounts will sign when you pay the fee;

ALUMNI OFFICE

DATE

Alumni Office will sign when you turn in their questionnaire on 3rd page.)

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CREDIT TOTAL REQUIREMENTS

1. A student must earn a minimum of 30 credits from the University of Dubuque; 30 of the last 36 credits must be earned at UD.
2. A student transferring credits from a 2-year college must complete a minimum of 60 credits from 4-year colleges or universities, or 56 credits if an Associate Degree was received at a 2-year college.
3. A minimum of 120 credits (and completion of all course/degree requirements) is required to graduate with a bachelor's degree.
4. **Please note:** Students entering UD with an **Associate of Arts** or **Associate of Science** degree will be considered to have completed all components of the UD Core Curriculum, with the exception of the Judeo-Christian Tradition, World View III, World View IV, and the J-Term components of the Core.

IF THIS APPLIES TO YOU, PLEASE CHECK HERE _____

J-Term Requirement:

___ 2 courses – required for First Year and transfer students (1-23 credits). One course taken the first year + one additional.

___ 1 course – required for transfer students entering UD with 24 or more credits.

J-term course(s) taken: _____

Physical Education/Wellness Requirement--Choose 1 Option:

1) 2 HWS 110 activity courses (1 cr each). Please list:

_____ and _____

2) 2 programs through UD Wellness Committee (such as Burn & Earn or Intramurals). Please list:

_____ Semester Completed: _____

_____ Semester Completed: _____

3) **Combination of one each from 1) and 2) above.**

4) One full season of participation in inter-collegiate sport

Sport: _____ Semester: _____

5) ROTC Physical Training for 2 full terms

Year(s) & terms of completion: _____

Global Awareness, Area B--Choose 1 Option:

1) 2 yrs high school foreign language Language taken: _____

2) CLEP test credit or AP test credit Test & Language taken: _____

3) 1 semester college foreign language UDL _____ Yr/Term _____

4) CCS 101 – (Cross-Cultural Study in the U.S.) Yr/Term _____

5) Study Abroad Program _____ Yr/Term _____

Please list any courses you have yet to register for at UD (including an internship) or at another school in order to graduate:

<u>Course Title</u>	<u># Cr Hrs</u>	<u>Name of School</u>	<u>Semester To Be Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor's Signature—Major 1 _____ Date _____ Chairperson's Signature—Major 1 _____ Date _____

Advisor or Chairperson's Signature—Major 2 _____ Date _____ Advisor or Chairperson's Signature—Minor _____

UNIVERSITY OF DUBUQUE
Undergraduate Application for Graduation
University of Dubuque
Alumni Graduation Form

Updated: 6/1/08

Name: _____ Gender: M or F
 First Name Middle Last
Maiden Name (if applicable) _____ Spouse name _____ Is your spouse a student If yes, class
Address (after graduation, if known) _____ or alumni of UD? Y or N year: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone Number: _____ Cell Phone Number: _____
Email Address (other than UD): _____ Alt. Email
Address: _____

Do you plan to go to graduate school? Y or N
School Name: _____
Program: _____
Degree Sought: _____
Planned Start Date: _____
Extension: _____
Planned End Date: _____

Do you have job plans? Y or N
Job Title: _____
Workplace: _____
Address: _____
Phone: _____
Email: _____

What organizations, sports or activities did you participate in while at UD?

Awards you received: _____
Do you have degrees from other institutions? Y or N
Other Degree(s): _____ Institution(s): _____

Is any member of your family a UD or UDTS alumnus? Y or N
What is his/her name? _____ Class Year: _____ Relation to you: _____
What is his/her name? _____ Class Year: _____ Relation to you: _____

Who, other than your spouse, will always know your current address? What is their relationship to you? _____
Name: _____ Gender: M or F
Address _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Please keep in touch! Let us know when you move, marry, have children, change jobs, or receive an award. We will update your alumni file and share the information in the alumni newsletter. You can visit our website at www.dbq.edu or call the Alumni Office at 1-800-483-2586. We wish you the best of luck in your future endeavors. -- The Alumni Relations Team

To be Completed by the Alumni Office:

Date Returned: _____ Accepted By: _____
ID: _____ Degree: _____ Major(s): _____ Graduation Date: _____