



Document Form Number: 123

Graduation Application

Graduating Year: _____ Graduating Semester: Spring Summer Fall (circle one)

Student ID:

Date: _____

Print name EXACTLY as you wish it to appear on your diploma.

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Student Signature: _____

Please give us the address where you would like your diploma mailed to. Diploma addresses may be changed throughout the graduating semester using Orion or emailing graduation@utdallas.edu.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Are you receiving a double degree? Yes (another application is required) No
Are you graduating with a minor? Yes minor? _____ No

What major are you graduating in? _____
What degree? BA BS

Double Majors ONLY:

What is your second major? _____
What degree? BA BS

Will you be enrolled in classes at another college during your final semester? Yes No
If yes, where? _____ What course/s? _____

Did either of your parents (or legal guardians) graduate from college? Yes No

Advisor confirmation of applicant's ability to graduate:
I, _____, ran a degree audit for the above student. Catalog Year: _____

Student will pass degree audit after successful completion of semester hours. Yes No

Student will pass degree audit after completion of communicated deficiencies. Yes No

Advisor Signature: _____

Date: _____

