

SCHOOL OF ADULT AND CONTINUING EDUCATION GRADUATION APPLICATION

Office of the Registrar

1570 Baltimore Pike Lincoln University, PA 19352 484-365-8087:Phone 484-365-8116:Fax

| Last N | Name | First Name | Middle I | nitial | Student ID# | |
|-----------------|---|---|---|---|--------------------------|--|
| НОМЕ | | | | | | |
| Phone: | | | Cell Phone: | | | |
| | | | | | | |
| WORK | ADDRESS: | | | | | |
| Phone:_ Fax: | | | Cell Phone: Email: | | | |
| | | | RADUATE PROGRAM | | | |
| | | ☐ BA Bachelor of Arts | | Bachelor of | Science | |
| | Majo | or(s) | | | | |
| | Mino | or(s) | | | | |
| | MASTERS PROGRAM | | CONC | CONCENTRATION | | |
| | □ MA □ MBA □ MBA □ MED □ MED □ MED □ MSC □ Other | Master of Arts | ionFinancionHumai Early (tEarly (Early (| ce n Resources M Childhood Edu Childhood Ed. tional Leaders | acation & Special Ed. | |
| | How do you want your name printed on the Diploma? | | | | | |
| | NOTE: You must use your legal name. You may specify what to abbreviate or spell out or hyphenate. | | | | | |
| | Hometown (fo | or printing in Commencement Pro | gram) | | | |
| | Town | St | ate | Country | | |
| I am a | applying for Gra | duation in: (check one) | ay □ August □ | December | of year | |
| Will y | you be participat | ing in the May commencement ce | remony? | Yes | □ No | |
| The C | Students w | will be charged to your student ill not be permitted to part equirements are complete a | icipate in the comm | encement c | eremony unless | |
| ; | Student Signatu | ire | Da | te | | |
|] | —————————————————————————————————————— | air (Signature) | Da | te | | |

Application Due Dates

May Graduation: November 15 August Graduation: April 1 December Graduation: October 1