



Graduation Application

Office of the Registrar
671 Winyah Dr.
Orlando, FL 32803

Email: AHU.Registrar@ahu.edu

Student Information:

Legal Full Name _____ Student ID _____ Current Program _____
 AHU Email address _____ Phone Number (may receive text messages about graduation) _____

If your address has or will change by the end of your graduating term, please [update it on the my.ahu.edu site](#).

Graduation Information

I intend to complete my program (circle one): Fall Spring Summer Year(YYYY): _____

Print your full, legal name. This name will appear on your diploma and in the printed graduation program. If your legal name is different than what is in the student information system, please [update it on the my.ahu.edu site](#).

First Name _____ Middle Name _____ Last Name _____

Please *initial* the following items:

- ___ I will RSVP via Marching Order
- ___ I am aware that I must meet the progression and completion requirements for my declared major.
- ___ I have or will have successfully completed the residency hours required for my declared major at AHU.
- ___ I am aware of the \$115.00 Graduation Processing Fee which will be posted to my student account when my graduation application is received. For more information see www.ahu.edu/graduation
- ___ I am responsible for checking **my AHU student email account** regarding upcoming graduation announcements.
- ___ I am aware that I must submit a graduation application by the posted deadline in order to register for my final trimester.
- ___ I am aware that I am responsible for ordering my Regalia online. For more information on how to order regalia go to www.ahu.edu/graduation
- ___ I understand that my status will change to alumni upon graduation. If I wish to return to take more classes, I must contact Office of Admissions and apply to my new program of interest.

Courses I have not yet completed:

Fall: Year _____	Spring: Year _____	Summer: Year _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature: _____ Date: _____

Advisor Signature (on-campus only): _____ Date: _____

Program Chair: (HBS dept only): _____ Date: _____