



Graduation Application

Office of the Registrar

671 Winyah Dr.

Orlando, FL 32803

Phone 407-303-1785 Fax 407-303-9755

Student Information: Please complete form in blue or black ink.

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](http://my.ahu.edu).

Graduation Information

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

Please indicate if you plan to attend the Commencement Ceremony:

I will attend the Spring Commencement Ceremony.

Yes

No

Print your full, legal name. This name will appear on your diploma and in the printed graduation program. If you change your name before graduation, please [update it on the my.ahu.edu site](http://my.ahu.edu).

First Name

Middle Name

Last Name

To insure that your name is pronounced correctly at the Commencement Ceremony, please phonetically write out how to say your name: _____

Please ***initial*** the following items:

- ☐ 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.
- ☐ 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 (Instructions are listed on the my.ahu.edu site).
- ☐ I understand that my status will change to alumni upon graduation. If I wish to return to take more classes, I must contact Enrollment Services and apply to my new program of interest.

Courses I have not yet completed:

Fall

Spring

Summer

Student Signature: _____ Date: _____

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

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