

Office of the Registrar

Master of Arts in Conflict Resolution

Application for	Craduation	Date	Pate	
Application for	Graduation	Student ID numbe	r	
Name			_	
Address	City	State	Zip	
Home telephone	Work	telephone		
Cell Phone	E-Ma	il		
4. Completion of at least 3	on for Graduation	y year bulletin		
receive a diploma, or rec	quest transcripts. Degrees are co	onferred regardless oj	ipate in the commencement cere financial obligation on fee of \$75 and late fee of \$25	
Date you expect to graduate:				
Fall Spring	Summer _] Year_		
Your name as you wish it to ap	opear on the degree:			
	Please print or type			
I give permission for my name	to be included in the commen	cement program.		
I do NOT give permission for	my name to be included in the	commencement pro	gram	
ORTANT NOTICE: If any chication for Graduation.	anges are made to the inform	nation above, the st	udent MUST complete a new	
ent's signature			Date	
a's signature			Date	