California Lutheran UNIVERSITY

CLU Registrar's Office:
Commencement fee paid_____

Application for Bachelor's Degree

Student should complete this application and return it to the Registrar's Office, with commencement fee, by the published priority deadline.

(Print name exactly as you wish it to appear on the diploma)

Name:_____
First Middle Last

Check the semester you expect to complete all degree requirements.

☐ *Spring (May) 20_____* ☐ *Summer (Aug) 20_____* ☐ *Fall (Dec) 20_____* ☐ *Winter term 20_____(ADEP ONLY)*

I will be participating in Commencement in May: YES ☐ NO ☐

(Indicate degree information below):

☐ Bachelor of Arts ☐ Bachelor of Science

Major(s):_____

Emphasis:_____

Minor(s):_____

Address where you wish your diploma to be sent:

_____ _____
Name Telephone Number

_____ _____
Street CLU Email Address

_____ _____
City State Zip Code **CLU ID#**

Student Signature: _____

CLU Registrar's Office Use Only:
Recorded in SGRD:_____
Degree Posted:_____
Transcript Sent:_____
Honors Granted:_____
Notes:_____
_____