Office of Registrar

Official Use Only

Receipt Date \_\_\_\_\_\_\_\_\_\_

Grad Fee Paid \_\_\_\_\_\_\_\_\_\_

Deg. Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Diploma Date \_\_\_\_\_\_\_\_\_\_

Financial Hold? \_\_\_\_\_\_\_\_

Class of 2020

# **Application for Graduation**

Student ID Number (Required):

|  |
| --- |
| Please type your name ***exactly*** as you wish it to appear on your diploma.  The address listed below is where your diploma will be sent.  First: Middle: Last: |
| Street Address: Apt. No. |
| City: State: Zip Code: |
| Telephone Number: Email: |
| Degree completion (select one):  December 2019 May 2020  July 2020  Sitting for the bar (select one):  CA/February 2020 CA/July 2020  Other |
| Degree Program: Juris Doctor  University of La Verne  College of Law \_\_\_\_\_\_\_\_\_ (please initial) |
| Student’s Signature: Date: |

Please complete this form and email it to [Ms. De Anda](mailto:edeanda@laverne.edu?subject=2017%20Graduation%20Application) in the Registrar’s Office by Monday, February 17, 2020.

**\*Handwritten applications will not be accepted.**