OFFICE OF THE REGISTRAR
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

Date: _____

GRADUATION APPLICATION

GRADUATION CANDIDATE NAME (Formal name to appear on diploma/degree)

Initials will not be printed: _____ ID#: _____

Mailing Address 1: _____ Phone#1: _____
Local Address

Mailing Address 2: _____ Phone#2: _____
Permanent Address

MONTH	YEAR	MAJOR(S)
Check One: ☐ May	**Write the Year:** _____	_____
☐ August		_____
☐ December		CONCERNTRATION/EMPHASIS
		_____
		MINOR
		_____

Certificate of Appreciation

(Parent/Guardian/Honoree Name): _____

(This is a small 5"x7" certificate that will be given out on graduation day in addition to the diploma. Please print the name of the honoree to receive the certificate)

STUDENT'S SIGNATURE: I understand that completion of this form does not guarantee that I will graduate on the date anticipated. I take full responsibility for fulfilling the necessary requirements for graduation as stipulated in the University Catalog and other official University documents.

_____ Date: _____
(Signature)

THE SIGNATURES BELOW ARE ONLY REQUIRED FOR THE FOLLOWING CIRCUMSTANCES: 1.) The graduation deadline has passed. 2.) I am not currently enrolled at Hampton, and I intend to take my last classes at another institution. 3.) I intend to take my last classes at HU Online.

CHAIR'S SIGNATURE: _____

DEAN'S SIGNATURE: _____

PROVOST'S SIGNATURE: _____

***Students declaring dual majors or a minor must complete ALL requirements for that major(s) and minor before the degree is awarded. No change of major or minor after the end of the semester prior to the approved graduation date.**
****The bachelor's degree is not offered for this program.**