OFFICE OF THE REGISTRAR
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

Date:_____

GRADUATION APPLICATION

STUDENT'S NAME:_____ ID#:_____
(Formal name as it will appear on diploma-**Initials will not be printed**)

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

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

DEGREE (in)	MONTH	YEAR	SCHOOL	MAJOR(S)
☐ Art	☐ December	_____	☐ Business	_____
☐ Science	☐ May	_____	☐ Engineering and Technology	_____
☐ Architecture**	☐ August	_____	☐ Liberal Arts	CONCENTRATION/EMPHASIS
			☐ Nursing	_____
			☐ Journalism & Communications	
			☐ Pharmacy**	_____
			☐ Science	
			☐ Education & Human Development	**MINOR**
Other:_____			☐ College of Virginia Beach	_____
			☐ **HU-ONLINE**	

Name to appear on Certificate of Appreciation: _____

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.

Revised 11/2022