

PLEASE READ! VERY IMPORTANT INFORMATION

Your application will always be accepted by the Office of Academic Evaluations & Advisement, however if you have indicated a semester for which the deadline has passed, your application will automatically be reviewed for the following semester. If a semester is not indicated, your application will be reviewed for the nearest semester in which the deadline has not passed.

Graduation Dates

Fall (December) 2011  
Spring (May) 2012  
Summer (August) 2012  
Fall (December) 2012

Application Deadline Dates

September 29, 2011  
February 16, 2012  
June 21, 2012  
September 27, 2012

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Please follow the steps listed below to complete the process:

1. Meet with your **Faculty Advisor(s)** to approve your application(s) and obtain the appropriate signatures. Your advisor(s) will review your academic records to **confirm degree requirements** and provide substitution form(s) for any substitution course(s). Please give your advisor(s) one week to check for approval.
2. After you receive your application(s) from your Faculty Advisor(s), take to the **Bursar's Office, ADM 212** for the **appropriate signature**. Any outstanding balances owed to the University must be paid in full before your application can be accepted.
3. **Pay the \$50.00 fee** (per application) at the **Cashier's Office, ADM 211**. Illinois Veteran Grant recipients should go to the Office of Veterans Affairs, ADM 207 for a graduation fee waiver.
4. After the above steps have been completed, **submit your application(s)** and your receipt from the Cashier's or Veteran Affairs Office to the **Office of Academic Evaluations & Advisement, ADM 128**.

**APPLICANTS WILL BE NOTIFIED APPROXIMATELY 3 WEEKS AFTER THE APPLICATION DEADLINE DATE.**

**Reapplying-** If degree requirements are not satisfied in the semester anticipated, the student must complete another graduation application for the expected semester in which all degree requirements will be completed. It is your responsibility to notify us of changes that may occur that would change the outcome of your application. **There is no additional fee for re-applying.**

**Graduation Ceremonies-** Students who completed a degree in the Summer or Fall semesters and who have submitted a graduation application by the published deadline will participate in the winter commencement ceremony. Students who complete a degree in the Spring semester and who have submitted a graduation application by the published deadline date will participate in the spring commencement ceremony. Students who do not submit a graduation application by the published deadline date will not be allowed to participate in the commencement during that semester. These students will have to participate in the commencement held in the following semester. **All eligible applicants will be notified by the appropriate department regarding ceremony information. For more information regarding commencement, visit the Commencement website: <http://www.csu.edu/commencement/>**

**Diplomas-** Diplomas are ordered three times a year: May, August, and December. The date of the diploma reflects the semester for which all degree requirements were completed. Diplomas are available approximately 2 months following the semester in which you graduated. Students will be notified when diplomas become available for pickup.

**Participation in the graduation ceremony does not constitute graduation. Failure to complete all graduation requirements will result in a delay of receiving your diploma, including postponement of your graduation completion date. Your degree will be granted once all requirements are satisfied.**

**CHICAGO STATE UNIVERSITY**

**UNDERGRADUATE GRADUATION APPLICATION**

Initials \_\_\_\_\_ Date \_\_\_\_\_

Mr. **Please print name as it appears in the CSU computer system. Your diploma will be ordered based on the information that appears on CSU X-Press.**  
 Mrs.  
 Ms. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

Maiden/Other Name(s) \_\_\_\_\_ SS/ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone 1(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone 2(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Term and year you **intend to graduate**:  Spring  Summer  Fall Year \_\_\_\_\_  
 Term and year you **entered Chicago State University**:  Spring  Summer  Fall Year \_\_\_\_\_  
 Have you filed a previous graduation application?  NO  YES *If yes, when:*  Spring  Summer  Fall Year \_\_\_\_\_

Will you be registered at another college during your final term?  NO  YES *If yes, name of College* \_\_\_\_\_

Course Name	Course #	Hours	Course Name	Course #	Hours

*An official transcript must be submitted reflecting completion of courses before end of graduating term.*

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Bursar Approval \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Department Advisor Signature \_\_\_\_\_ Department Chairperson Signature \_\_\_\_\_

**INDICATE APPROPRIATE PROGRAM BELOW**

COLLEGE OF ARTS & SCIENCES	COLLEGE OF EDUCATION	SPECIAL ACADEMIC PROGRAMS
Major _____ <input type="checkbox"/> Liberal Arts Option <input type="checkbox"/> Secondary Teaching Option <input type="checkbox"/> Option: _____	<input type="checkbox"/> Bilingual Elementary Education <input type="checkbox"/> Business Education Option (CTE degree) <input type="checkbox"/> Family & Consumer Science Option (CTE degree) <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Early Childhood Education, Child Studies <input type="checkbox"/> Elementary Education <input type="checkbox"/> Elementary Education, Middle School <input type="checkbox"/> Health, Physical Education, and Recreation, <b>PE Option</b> <input type="checkbox"/> Health, Physical Education, and Recreation, <b>REC Option</b> <input type="checkbox"/> Industrial Technology Education (CTE degree)	<input type="checkbox"/> Board of Governors <input type="checkbox"/> University Without Walls <input type="checkbox"/> BA <input type="checkbox"/> BS Concentration: _____ <input type="checkbox"/> Individualized Curriculum <input type="checkbox"/> BA <input type="checkbox"/> BS Concentration: _____
COLLEGE OF BUSINESS		COLLEGE OF HEALTH SCIENCES
Option: _____		Major: _____

MINOR (S), if any: \_\_\_\_\_

Currently enrolled courses at CSU:

Course Name	Course #	Hours	Course Name	Course #	Hours

FOR OFFICE USE ONLY:		Qualifying Examinations:		Final G.P.A.:	
Currently enrolled course(s) needed to graduate:	Course No.	Hours	English met <input type="checkbox"/> NO <input type="checkbox"/> YES	Honors <input type="checkbox"/>	
			Math met <input type="checkbox"/> NO <input type="checkbox"/> YES	High Honors <input type="checkbox"/>	
			Reading met <input type="checkbox"/> NO <input type="checkbox"/> YES	Highest Honors <input type="checkbox"/>	
			Constitution met <input type="checkbox"/> NO <input type="checkbox"/> YES		
			Hours to be taken:		
			Evaluation staff approval:		