

CONCORDIA UNIVERSITY WISCONSIN
REQUEST TO GRADUATE *for Adult Education*

Graduating end of: (Check one and complete graduating year.)

Summer, Dec. 20____ (would attend December graduation ceremony)

Fall, Dec. 20____

Spring, May 20____

Student ID: F 0 0 _____

Degree Receiving:

Bachelor of Arts

Associate of Arts

Major:

_____ (Indicate all majors if more than one)

Minor:

_____ (Indicate all minors if more than one)

Graduation Plans:

I will be attending the graduation ceremony.

I will not be attending the graduation ceremony.

Center Attended: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____ Phone: _____

Signature: _____ Date: _____

RETURN THIS FORM BACK TO YOUR CENTER

NOTE: Visit www.cuw.edu for ordering of cap, gown and graduation ceremony information.

Updated 02/08/07