



## APPLICATION FOR GRADUATION

**Instructions:** Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as an email attachment to [registrar@csusm.edu](mailto:registrar@csusm.edu)

Student Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student ID: \_\_\_\_\_ CSUSM Email: \_\_\_\_\_@cougars.csusm.edu

Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

APPLICATION TERM: \_\_\_\_\_ 20\_\_\_\_

Bachelor of Arts: B.A. Bachelor of Science: B.S.

Master of Arts: M.A. Master of Science: M.S. Master of Business Administration: M.B.A.

Primary Major: \_\_\_\_\_ Concentration/Option: \_\_\_\_\_

Secondary Major: \_\_\_\_\_ Concentration/Option: \_\_\_\_\_

Minor(s): \_\_\_\_\_

If you have previously applied for graduation, please specify the term:

APPLICATION TERM: \_\_\_\_\_ 20\_\_\_\_

If you are currently enrolled at another institution, please provide the institution name:

\_\_\_\_\_  
(You are required to submit an official transcript when the grades are posted)

*By typing or signing my name on this line, I hereby certify that the information I have given you in the application above is true and correct.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For verification purposes all forms signed and submitted electronically must be submitted from the student's CSUSM email address.*

For Office Use Only:

Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_