



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

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: _____