

Application for Bachelor's Degree and Diploma

(Submit this application to A&R with the \$47.00 Diploma Application fee, plus late fee if applicable)

Anticipated Date of Graduation: Fall _____ (YR) Spring _____ (YR) Summer _____ (YR)

CSUN 9-digit Student ID# _____ Soc. Sec. # _____

Student's Name: _____

Address: _____
Number and Street Apt/Unit # City State Zip Code

E-mail: _____ () _____
Official University communications will be directed to your CSUN e-mail account. Home / Message Phone

Diploma Name: _____
First Name Middle Name **or** Initial Last Name

Print your name as you wish it to appear on your diploma. Note: The first and last name must be the same as the name on your university records. First and middle names may vary in length (i.e. if your record reflects an initial for your first or middle name, you may indicate your full name for diploma print purposes). Please do not submit a "Name Change" form for the purpose of including your full middle name in place of the middle initial on your diploma.

Applicant's Signature Date

Degree Objective: BA(2) BS(3) BM(4) *Note: if a double major, both must be the same degree objective.*

Primary Major: _____ Major Catalog Year: _____

Option: _____
Approved Option(s), **or** applicable Concentration, Specialty or Emphasis **must** be reflected.

Advisor: _____ **Date:** _____
Authorized major advisor (signature is required)

Secondary Major: _____ Major Catalog Year: _____

Option: _____
Approved Option(s), **or** applicable Concentration, Specialty or Emphasis **must** be reflected.

Advisor: _____ **Date:** _____
Authorized major advisor (signature is required)

Minor: _____ Minor Catalog Year: _____

Minor Advisor (signature required): _____ **Date:** _____

Minor: _____ Minor Catalog Year: _____

Minor Advisor (signature required): _____ **Date:** _____

Office Use Only - Graduation Evaluation Services

Degree Status: _____ **Honors:** _____ **2nd Bachelor's** _____
(1) Cum Laude; (2) Magna Cum Laude; (3) Summa Cum Laude

Application for Graduation Planning Worksheet

Complete this page only if you do NOT have access to the online Interactive Audit Degree Completion Plan.

Name _____ ID # _____

Major _____ Catalog Year _____

Planned Courses Term _____

Dept _____ Course # _____ Course Title _____ Units _____

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