

APPLICATION FOR UNDERGRADUATE DEGREE

INSTRUCTIONS:

- 1. Complete and sign this form.
- 2. Make payment (\$100) at the Cashier's Window.
- 3. Submit form to the Admissions & Records Office.
- 4. The Records Office will conduct a degree audit of your progress towards graduation. Your program evaluation will be available on Web Advisor.

Tour program evaluation will be available on vveb Advisor.				
NOTE: In the event you do not complete graduation requirements in the semester you indicate below, you must submit another Application for Undergraduate Degree form with a reapplication fee (\$50).				
FULL NAME (PLEASE PRINT)				SSN/ID#
GUAM MAILING ADDRESS			PERMANENT HOME ADDRESS	
GUAPI PIAILING ADDRESS			PERMANENT MOME ADDRESS	
VILLAGE RESIDING IN		EMAIL		PHONE#(s)
LEvere Te Course Bu Tue	F O- C			
I EXPECT TO GRADUATE BY THE END OF SEMESTER: 20 Fall 20 Spring 20 Summer				
I HEREBY SUBMIT THIS APPLICATION FOR THE DEGREE OF:				
MAJOR (INDICATE TRACK/EMPHASIS/CONCENTRATION/SPECIALTY)			Double Major (indicate track/emphasis/concentration/specialty)	
MINOR(S)			I AM FOLLOWING THE DEGREE REQUIREMENTS IN THE UNDERGRADUATE CATALOG YEAR:	
I Wish To Have My Name Appear On My Diploma As Follows: (please print)				
MY PLAN IMMEDIATELY FOLLOWING MY GRADUATION (CHECK ALL THAT APPLY):				
□ Continue employment with				
☐ Attend graduate school: ☐ at UOG ☐ at another institution ☐ No plan for Graduate Studies				
□ Seek employment with: □ GovGuam □ Local Private Sector □ Federal Government □ Off-Island firm □ Undecided				
MILITARY STATUS: Veteran Active Military None				
RECEIVING YOUR DIPLOMA:				
□ I wish to participate in the Commencement Program				
□ I will pick up my diploma after Commencement Day				
□ I wish to graduate in absentia				
□ Please mail my diploma to: □ my Guam mailing address □ my permanent home address				
NOTE: Diplomas will be distributed at the Commencement Program. If you do not participate in the program, you may pick up your diploma at the Admissions & Records Office				
after Commencement Day, or opt to have it mailed to you. (Note: Domestic certified mail & foreign mail charges vary. Please contact the cashier.)				
Student's Signature Date				
×				
FOR OFFICIAL USE				
PAYMENT AMOUNT	PAYMENT RECEIPT NO.	PAYMENT DATE	PAYMENT RECEIVED BY	FINANCIAL AID OFFICE
				Tractice Training - Ment - Ottor
				☐ TEACHER TRAINING ☐ MERIT ☐ OTHER
EVALUATION REMARKS				

Rev 02/04/20