Benedictine University®
AT SPRINGFIELD

APPLICATION FOR GRADUATION FOR DEGREE RECIPIENTS

IN 2015 CALENDAR YEAR

PLEASE NOTE: GRADUATION FEE FOR DEGREE RECIPIENTS IS **$125**. STUDENTS WHO SUBMIT APPLICATIONS AFTER THE DEADLINE WILL BE ASSESSED A **$25** LATE FEE AND WILL NEED TO APPEAL TO THE REGISTRAR. THERE ARE **NO EXCEPTIONS**.

☐ **Associate Degree** ☐ **Bachelor's Degree**

Please check the degree and date for which you are applying:

Degree Date	*Application Deadline*	*Commencement Eligibility (degree recipients only)*
☐ May 31, 2015	October 15, 2014	May 16, 2015
☐ August 31, 2015	January 15, 2015	May 16, 2015
☐ December 31, 2015	March 16, 2015	May 21, 2016

☐ **Master's Degree** ☐ **Doctoral Degree**

Please check the degree and date for which you are applying:

Degree Date	*Application Deadline*	*Commencement Eligibility (degree recipients only)*
☐ May 31, 2015	October 15, 2014	May 16, 2015
☐ August 31, 2015	January 15, 2015	May 16, 2015
☐ December 31, 2015	March 16, 2015	May 21, 2016

PRINT YOUR NAME (as it should appear on diploma), ID NUMBER AND PERMANENT MAILING ADDRESS (where diploma is to be mailed):

First Middle Last Student ID

Address City State Zip Country

Home Phone Number Cell Phone Number Home Email Address

Student Signature (required) **Date of Submission**

ASSOCIATE, MASTER'S OR DOCTORAL APPLICANTS

Degree program Concentration (if any)

BACHELOR'S APPLICANTS

Primary major Secondary major (if any) Minor (if any)

Do you plan to attend the commencement convocation? *(Degree recipients only):* ☐ **Yes** ☐ **No**

Are you reapplying for graduation? ☐ **Yes** ☐ **No**

RETURN FORM AND PAYMENT TO:

Benedictine University at Springfield
Student Accounts
1500 N. Fifth Street
Springfield, IL 62702
Fax: (217) 528-9912 • Phone: (217) 718-5010

Date Paid:_____

Method of Payment: ☐ Cash ☐ Check #_____ ☐ Visa ☐ Mastercard ☐ Discover

Card number:_____-_____-_____-_____ Expiration Date (mm/yy): _____/_____ CVV/CVC: _____

Print Name:_____ Signature: _____