PLEASE TYPE ALL INFORMATION.
You may use your TAB key to navigate the fields, or click in the field for typing.

PRAIRIE VIEW A&M UNIVERSITY
APPLICATION FOR GRADUATION

(Return completed and approved application to Office of the Registrar)

Fees: $25.00 Undergraduate $35 Master's Candidates $55 Ph.D. Candidates
You will be billed the applicable fee. These fees are non-transferable and non-refundable.

Student ID: _____

Circle the semester in which you plan to graduate:
FALL SPRING SUMMER YEAR _____

Carefully PRINT your name using upper and lower case letters. YOUR FIRST AND LAST NAME MUST MATCH UNIVERSITY RECORDS (this can be viewed on Panthertracks).

Student's Name: _____
First Name **Middle Name/Initial** **Last Name**

E-Mail: _____ **Daytime Phone:** _____

Mailing Address: _____

Degree Sought: _____**Major:** _____ **Minor:** _____ **Area of Concentration:** _____**2nd Major:**_____

- Did you receive notice of the Undergraduate Tuition Rebate? ☐ Yes ☐ No (If no, refer to the University Undergraduate Catalog)
- Are you currently enrolled here at PVAMU? ☐ Yes ☐ No (If no, absentia fee required, $15 resident & $17.50 non-resident)
- Are you currently taking any courses at another institution that will apply to this degree? ☐ Yes ☐ No
- Please list the institution and course(s):_____

(If yes, you must have your official transcript with the final grade sent to PVAMU to participate in the commencement exercise).

_____

- For Graduate Candidates only: Undergraduate degree received from:_____Year_____

By signing this application, I understand that I must meet all requirements as stated in the University Catalog or I will not be permitted to participate in the Commencement exercise or receive my degree. I further understand that I must contact the Office of Student Financial Services for exit loan counseling if I received financial aid during my enrollment at PVAMU. If I do not graduate, I understand that I must reapply. In addition, if any of the above information changes, it is my responsibility to notify the Office of the Registrar.

_____ _____
Applicant's Signature **Application Date**

With few exceptions, state law gives you the right to request, receive, review, and correct information about yourself collected on this form.

Print

Rev. 8/13