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GRADUATE STUDENT APPLICATION FOR GRADUATION

Your diploma will bear your full legal name in accordance with the Pennsylvania State System of Higher Education

Board of Governors' Policy. Your diploma name will be the same as your transcript name.						
First Name		Middle Nam	е	La	st Name	
IUP E-mail: Previous Name(s)						
Banner ID @ Telephone Number						
Post-Graduation Address* (The address to which you would like your diploma mailed.)						
Street 1 My diploma will be picked up by IUP MBA personel and delivered to PES with IUP faculty.						
Street 2						
City		State			Zip	
*Note: The Post-Graduation Address will not change your permanent address of record. If there is a change in your permanent address it your responsibility to make these changes by logging into MyIUP (www.iup.edu/myiup).						
Graduation Date:						
☐ May ☐ August	Program of Study					
December	Track/Concentration					
January Year	Degree Sought:	<u>М</u> А	☐ MS	☐ MEd	□ МВА	☐ MFA
		☐ DEd	PhD	PsyD	Certificatio	on (Post MA)
Student Signature				Date		
Send the completed form to: <u>grad-student-graduation@iup.edu</u>						