

**East Carolina University**  
**Graduate**  
**Application for Graduation**

**Please print all information**

\_\_\_\_\_, 20\_\_\_\_  
Today's Date Current Phone including area code Last 4 digits of Student ID #

*Name on diploma will be as appears on this application*

**Print Name in Full** \_\_\_\_\_  
First Middle Maiden (Optional) Last

**Permanent Address\*** \_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City State Zip Code County

(\*This address will be used when mailing your diploma)

**Degree Information**

**Degree** \_\_\_\_\_

**Major** \_\_\_\_\_

**Minor** \_\_\_\_\_  
(IF APPLICABLE)

**Conc** \_\_\_\_\_  
(IF APPLICABLE)

Check expected date and year the requirements will be completed: FALL, 20\_\_  SPRING, 20\_\_  SUMMER, 20\_\_

This application for graduation must be filed in the Office of the Registrar, 108 Whichard Building, no later than two semesters prior to the completion of all requirements.