

East Carolina University
Graduate
Application for Graduation

Please print all information

_____, 20____ Current Phone including area code _____ **B**_____
Today's Date ECU 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)

Concentration _____
(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.