

# WPC APPLICATION FOR GRADUATION and PROGRAM EVALUATION REVIEW

Name \_\_\_\_\_  
**Print** as you want it to appear on your diploma

ID No. \_\_\_\_\_

Address \_\_\_\_\_

Advisor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Expected Graduation:  
 May  August  December Year \_\_\_\_\_

Telephone \_\_\_\_\_ Campus Box No. \_\_\_\_\_

Major/Emphasis 1 \_\_\_\_\_

Minor 1 \_\_\_\_\_

Major/Emphasis 2 \_\_\_\_\_

Minor 2 \_\_\_\_\_

Student Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

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***Program Evaluation reviewed by Academic Advisor***

Catalog Year \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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***Application has been approved subject to completion of cited requirements***

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

- AA  AS  BA  BAC  BBA  BHCA  BS  MA  MBA  M.Ed  MRel  MS

***REQUIREMENTS COMPLETE; POST DEGREE AS OF*** \_\_\_\_\_  
Date

***Registrar*** \_\_\_\_\_

- Original to Records  Copy to Advisor