WPU APPLICATION FOR GRADUATION
and PROGRAM EVALUATION REVIEW

wip
WARNER
PACIFIC
UNIVERSITY

Name _____
    Print as you want it to appear on your diploma

ID No. _____

Address _____

Advisor _____

City _____ State _____ Zip _____

Expected Graduation:
☐ May   ☐ December   Year _____

Telephone _____ Campus Box No. _____

Major/Emphasis 1 _____

Minor 1 _____

Major/Emphasis 2 _____

Minor 2 _____

Student Signature _____

Date Submitted _____

Program Evaluation reviewed by Academic Advisor

Catalog Year _____

_____   _____
 Signature   Date

_____

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 Advisor (return to Records once reviewed)   ☐ Records Copy