

## APPLICATION FOR UNDERGRADUATE DEGREE

**INSTRUCTIONS:**

1. Complete and sign this form.
2. Pay \$100 application fee. To make a payment using your credit card, call the Cashier at (671) 735-2923/ 2945/6.
3. Submit form to the Admissions & Records Office.
4. The Records Office will conduct a degree audit of your progress towards graduation. Your program evaluation will be available on Self Service.

*NOTE: In the event you do not complete graduation requirements in the semester you indicate below, you must submit another Application for Undergraduate Degree form with a reapplication fee (\$50).*

FULL NAME (PLEASE PRINT)		SSN/ID#	
GUAM MAILING ADDRESS		PERMANENT HOME ADDRESS	
VILLAGE RESIDING IN	EMAIL	PHONE#(S)	
I EXPECT TO GRADUATE BY THE END OF SEMESTER: 20_____ Fall 20_____ Spring 20_____ Summer			
I HEREBY SUBMIT THIS APPLICATION FOR THE DEGREE OF: <input type="checkbox"/> BA <input type="checkbox"/> BAE <input type="checkbox"/> BBA <input type="checkbox"/> BBAA <input type="checkbox"/> BS <input type="checkbox"/> BSN <input type="checkbox"/> BSW			
MAJOR (INDICATE TRACK/EMPHASIS/CONCENTRATION/SPECIALTY)		DOUBLE MAJOR (INDICATE TRACK/EMPHASIS/CONCENTRATION/SPECIALTY)	
MINOR(S)		I AM FOLLOWING THE DEGREE REQUIREMENTS IN THE UNDERGRADUATE CATALOG YEAR:	
I WISH TO HAVE MY NAME APPEAR ON MY DIPLOMA AS FOLLOWS: (PLEASE PRINT)			
MY PLAN IMMEDIATELY FOLLOWING MY GRADUATION (CHECK ALL THAT APPLY):			
<input type="checkbox"/> Continue employment with _____ <input type="checkbox"/> Attend graduate school: <input type="checkbox"/> at UOG <input type="checkbox"/> at another institution <input type="checkbox"/> No plan for Graduate Studies <input type="checkbox"/> Seek employment with: <input type="checkbox"/> GovGuam <input type="checkbox"/> Local Private Sector <input type="checkbox"/> Federal Government <input type="checkbox"/> Off-Island firm <input type="checkbox"/> Undecided			
MILITARY STATUS: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> None			
RECEIVING YOUR DIPLOMA:			
<input type="checkbox"/> I wish to participate in the Commencement Program <input type="checkbox"/> I will pick up my diploma after Commencement Day <input type="checkbox"/> I wish to graduate in absentia <input type="checkbox"/> Please mail my diploma to: <input type="checkbox"/> my Guam mailing address <input type="checkbox"/> my permanent home address			
<i>NOTE: Diplomas will be distributed at the Commencement Program. If you do not participate in the program, you may pick up your diploma at the Admissions &amp; Records Office after Commencement Day, or opt to have it mailed to you. (Note: Domestic certified mail &amp; foreign mail charges vary. Please contact the cashier.)</i>			
STUDENT'S SIGNATURE		DATE	
			
FOR OFFICIAL USE			
PAYMENT AMOUNT	PAYMENT RECEIPT NO.	PAYMENT DATE	PAYMENT RECEIVED BY
			FINANCIAL AID OFFICE <input type="checkbox"/> TEACHER TRAINING <input type="checkbox"/> MERIT <input type="checkbox"/> OTHER _____
EVALUATION REMARKS			