

Texas Southern University

Office of the Registrar

3100 Cleburne * Houston, Texas 77004

(713) 313-7071

UNDERGRADUATE APPLICATION FOR GRADUATION

Please type or print using black ink.

Student Name: _____
Last *First* *Middle*

Student T#: _____ Phone: _____

Diploma Address: _____
Street Address

_____ City State Zip

TSU Email Address: _____

I, _____, hereby apply for graduation at the _____ Convocation. I am a candidate for the _____ degree, with a major in _____ and a minor in _____ and will complete all requirements during the _____ of 20_____. This semester I am registered for _____ hours and will register for ZERO hours next semester. I have checked carefully the requirements for graduation in the _____ catalogue and I will satisfy them by the date specified.

DID YOUR PARENTS OR LEGAL GUARDIANS ATTEND COLLEGE? (Check) YES or NO

Student's Signature: _____ Date: _____
Month Day Year

By virtue of my signature, I have read, fully understood and complied with the requirements herein stated.

FOR OFFICE USE ONLY

Academic Advisor: _____ Date: _____
Month Day Year

Department Chairperson: _____ Date: _____
Month Day Year

Approval by the Academic Dean: _____ Date: _____
Month Day Year

Financial Aid Officer: _____ Date of exit interview: _____
Month Day Year

BURSAR

DATE PAID

RECEIPT#