



UNDERGRADUATE APPLICATION FOR GRADUATION

To apply for graduation from Cabrini (regardless of walking in Commencement exercises), please complete this form, save a copy for your records, and email to registrar@cabrini.edu. Please see the [Academic Calendar](#) for application deadlines. A graduation fee of \$175.00 will be billed when the application is processed.

Student Name: _____ ID: _____

Address for diploma to be mailed:

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

Cabrini Email Address: _____

In order to protect student's privacy, email correspondence will only occur via student's Cabrini email account.

I intend to complete studies toward my bachelor's degree in:

Primary Major: _____ Concentration: _____

Secondary Major: _____ Concentration: _____

Minor: _____ Minor: _____

Degree:

_____ BA (Bachelor of Arts)

_____ BS (Bachelor of Science)

_____ BSED (Bachelor of Science in Education)

_____ BSW (Bachelor of Social Work)

I Plan to Graduate:

_____ August

_____ December

_____ May

Indicate Year of Graduation: _____

Name as you want it to appear on diploma: _____

Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my [Cabrini University email account](#).

Student Name: _____ Date: _____