

# APPLICATION FOR GRADUATE DEGREE

SEND to: UCA Graduate School, 201 Donaghey Ave, Torreyson West 328, Conway AR 72035 Fax: (501)450-5678 or  
Email: ucagradschool@uca.edu

**IF YOU DO NOT RECEIVE A CONFIRMATION EMAIL WITHIN THREE WEEKS, PLEASE CONTACT THE GRADUATE SCHOOL (501)450-3124**

This form **MUST be typed**. **IMPORTANT:** Your diploma and the commencement program will be printed **EXACTLY** as you complete this form. **Use UPPER and LOWER case letters** and accent marks, where appropriate. After the form is printed, be sure to **sign the application** where indicated. **You MUST PAY THE \$40 graduation fee online (myUCA) AND submit this form BEFORE your application will be processed.**

Name

Exactly as it will appear on your diploma

UCA ID

NO social security numbers

The following information must be valid for the purpose of MAILING YOUR DIPLOMA 10 to 12 weeks after graduation, as well as correspondence regarding your application, and commencement. Changing your MA address online does NOT update your diploma mailing address.

U.S. Address

U.S. City, State and Zip Code

**For delivery outside of the U.S., you must attach one mailing label in English and a second mailing label in the official language of the country to which the diploma will be delivered.**

Primary Phone No.

Non-UCA Email

Name for use in commencement program only

Hometown, State or Foreign Country mailing address used, if left blank

Program

Major and Degree (Do NOT use this form for certificate completion)

If applicable, Track

ie. ASTL, CED, EdS., ENGL, FACS, GIS, ITEC, LIBM, MAT, MBA, Music, Nursing, PSYC, SLMA, SPED

I give consent for pictures taken at commencement to be used in the Scroll Yearbook. YES NO

Degree to be awarded: **December 16, 2017 ONLY** Do NOT apply for any other date at this time. Thesis/Dissertation Title (if applicable, not "projects")

**Sign here**

DATE mm/dd/yy

NOTE: I understand that this is an application for degree candidacy ONLY and that the stated degree will be awarded ONLY when all institutional requirements are met.  
I agree to the record change in my email address.

## OFFICE USE ONLY

Date paid \_\_\_\_\_ Verified by \_\_\_\_\_ College \_\_\_\_\_ CIP Code \_\_\_\_\_  
*Initials*

	BANNER	
	DEGREE WORKS	
	Graduate Dean	
	Date Awarded	

Date  
Received  
Stamp Here  
→

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