Students graduating in May 2016 and August 2016 must submit the graduation fee payment during the term the degree will be completed.

Graduation fee payments can be submitted through your myUCA account or at the Student Accounts Office.

Graduation Application Deadline
October 9th, 2015
(December 2015, May 2016 and August 2016)
1. Prepare the **Degree Application** form completely. **Print or type all information clearly.**

2. Secure the following approval(s):
   
   A. Major Department Advisor(s).
   
   B. Minor Department Advisor (if applicable).
   
   C. Major and/or minor program substitutions must be approved by the appropriate department chair.
   
   D. Teacher Certification office (BSE degree candidates or other degree candidates requesting teacher certification) Mashburn Hall, Room 119.
   
   E. College of Business students meet with the Dean’s Office.

3. Submit the $30 **Graduation Fee** online through your myUCA account the semester you are graduating.

4. Turn in the completed and approved **Graduation Packet**, to the **Office of the Registrar – Harrin Hall Suite 224**. Application must be made by the published deadline date for the term you expect to complete all requirements for your degree.

5. Contact the UCA Bookstore in the Student Center to order the **Academic Regalia (cap/gown)**.

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**It is the sole responsibility of the student to be familiar with and comply with major, minor and graduation requirements of the university listed in the applicable academic bulletin. Students must be familiar with and carefully monitor their academic progress toward the desired degree. To facilitate this, students are encouraged to use DegreeWorks which is available in myUCA Self-Service.**

The requested degree will be awarded only when all institutional requirements are met and approved by the Registrar Office.
UNDERGRADUATE DEGREE APPROVAL

(*REQUIRED) PLEASE PRINT ALL INFORMATION. INCOMPLETE FORMS CANNOT BE PROCESSED

THIS MATERIAL IS TO BE REVIEWED AND SIGNED BY ALL ACADEMIC ADVISORS OR DESIGNEES AS APPROPRIATE

Circle the degree student is being approved for:  

* Catalog used for degree check: 

* ALL institutional requirements will be met: 

Term/Year 

* Associate Degree: 

* Bachelor Degree: BA  BBA  BFA  BM  BPS  BS  BSE  BSN 

*A STUDENT MUST BE ABLE TO REASONABLY COMPLETE ALL DEGREE REQUIREMENTS BY THE REQUESTED GRADUATION DATE, IN ORDER FOR THE APPLICATION TO BE ACCEPTED.

*Minimum requirements for an Associate degree: 60 semester hours of unduplicated undergraduate degree credit with a 2.0 or better cumulative grade point average. The program of study must be approved by an Academic Advisor.

**Minimum requirements for a Baccalaureate degree: A program of study approved by the Academic Advisors in the major and minor fields. 120 semester hours of unduplicated undergraduate degree credit (40 hours must be upper-division), or more if the curriculum requires it. A grade point average of 2.0 or better is required in each of the major and minor fields and cumulatively.

For purposes of grade point calculation, all course work attempted in the major or minor fields will be included in determining the major or minor grade point average. A transfer student must satisfy all these grade-point requirements on work taken at this University.

*1ST MAJOR (list FULL title of 1st major, including concentration, if applicable):

1- REQUIRED: Conditions for Approval of 1st Major (Substitutions must be listed and approved by dept. chair)

2- REQUIRED: List remaining courses required to complete the degree, major, etc. or state none:

3- REQUIRED: List outstanding course(s) to be completed by transfer/correspondence, when and where:

Signature of 1st Major Advisor  Print Name  Date

I HAVE READ AND UNDERSTAND THE GENERAL DEGREE REQUIREMENTS AND THE DEGREE APPLICATION PROCESS, AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ON THIS FORM BY MY MAJOR AND MINOR ADVISORS.

Students Signature  Date  Contact Telephone Number

Approval for Second major on page 3
The 2nd Major must be approved for the same degree as the 1st Major:

*2nd MAJOR (list FULL title of 2nd major including concentration, if applicable):

<table>
<thead>
<tr>
<th>1- REQUIRED: Conditions for Approval of 2nd Major (Substitutions must be listed and approved by dept. chair)</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>2- REQUIRED: List remaining courses required to complete the degree, major, etc. or state none:</th>
</tr>
</thead>
<tbody>
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</table>

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<thead>
<tr>
<th>3- REQUIRED: List outstanding course(s) to be completed by transfer/correspondence, when and where:</th>
</tr>
</thead>
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</tbody>
</table>

Signature of 2nd Major Advisor

Print Name

Date

*Approval for 1st & 2nd minor on page 4*
(*REQUIRED) PLEASE PRINT ALL INFORMATION. INCOMPLETE FORMS CANNOT BE PROCESSED

**1st MINOR (list FULL title of minor):**

1. **REQUIRED:** Conditions for Approval of 1st Minor (Substitutions must be listed and approved by dept. chair)

2. **REQUIRED:** List remaining courses **required** to complete the degree, minor, etc. or **state none**:

3. **REQUIRED:** List outstanding course(s) to be completed by transfer/correspondence, when and where:

**Signature of Minor Advisor REQUIRED**  
**Print Name**  
**Date**

**2nd MINOR (list FULL title of minor):**

1. **REQUIRED:** Conditions for Approval of 2nd Minor (Substitutions must be listed and approved by dept. chair)

2. **REQUIRED:** List remaining courses **required** to complete the degree, minor, etc. or **state none**:

3. **REQUIRED:** List outstanding course(s) to be completed by transfer/correspondence, when and where:

**Signature of Minor Advisor REQUIRED**  
**Print Name**  
**Date**
APPLICATION FOR UNDERGRADUATE DEGREE
PRINT USING BLACK OR BLUE INK ONLY
(*REQUIRED) PLEASE PRINT ALL INFORMATION. INCOMPLETE FORMS CANNOT BE PROCESSED

Name: ___________________________ Last  First  MI  ID #: B ___________________________

**Current Contact Information:**

<table>
<thead>
<tr>
<th>Street, RR#, P.O. Box</th>
<th>Contact Phone Number: ( )</th>
<th>UCA E-mail: <a href="mailto:___________________________@cub.uca.edu">___________________________@cub.uca.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City  State  Zip

Name to be printed on diploma (USE UPPER AND LOWER CASE)

<table>
<thead>
<tr>
<th>Name to be printed in commencement program (USE UPPER AND LOWER CASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of student:</td>
</tr>
</tbody>
</table>

Home Town - City and State

<table>
<thead>
<tr>
<th>Home Town - City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Home Country if other than USA

<table>
<thead>
<tr>
<th>Home Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Diploma mailing address:**

<table>
<thead>
<tr>
<th>Diploma mailing address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street, RR#, P.O. Box</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>E-mail: __________________@</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

City  State  Zip

Circle the degree you expect to receive:

<table>
<thead>
<tr>
<th>BA</th>
<th>BBA</th>
<th>BFA</th>
<th>BM</th>
<th>BPS</th>
<th>BS</th>
<th>BSE</th>
<th>BSN</th>
<th>AA</th>
</tr>
</thead>
</table>

1st Major: ___________________________  Concentration: ___________________________

2nd Major: ___________________________  Concentration: ___________________________

2nd Major must be approved for the same degree as the 1st Major

1st Minor: ___________________________  2nd Minor: ___________________________

Circle Term Degree to be completed:

| Spring | Summer | Fall | Year: |

Circle Date Degree to be awarded:

| May | August | December | Year: |

*The award date cannot be earlier than the Completed Term

Signature ___________________________ Date ___________________________

**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.
Graduation
Statement of Understanding

Name__________________________________________

Student ID___________________________________ Graduation Term/Year_____________________

I have reviewed the below listed standards that are required for the awarding of my degree, as
printed in the Undergraduate Bulletin and stipulated by my academic advisor(s).
I signify my understanding of all aspects of these requirements by affixing my signature and initials
to this form.

1. Completion of all aspects of the degree program, including general education courses,
   with no incomplete (X) grades. Initial __________

2. Completion of at least 120 semester hours (60 hours for associate degree) of unduplicated credit
   (excluding UNIV credit), of which at least 60 semester hours must be credit from four-year
   baccalaureate degree granting institutions and at least 30 semester hours must be credit from the
   University of Central Arkansas. At least 15 semester hours of Major credit must be from UCA. At least
   9 semester hour of Minor credit must be from UCA. Of the last 30 semester credit hours required for
   the degree, at least 24 semester hours must be UCA credit. Initial __________

3. Completion of at least 40 semester hours of upper division credit (3000 and 4000 level),
   including at least 12 semester hours of upper division work in the major field and 3 hours
   of upper division work in the minor field (if applicable). Initial __________

4. Completion of special degree requirements stipulated for my individual baccalaureate degree (BA,
   BBA, BS, etc.). Initial __________

5. Completion of a minimum 2.0 grade point average in the Major. Initial _______

6. Completion of a minimum 2.0 grade point average in the Minor (if applicable), or completion of a
   minimum 2.0 grade point average in the BBA Foundation/Core (if applicable). Initial __________

7. Completion of a minimum 2.0 grade point average cumulatively (all courses). Initial _______

8. I understand that my diploma and academic record transcript may not be released if I have an
   outstanding or unpaid financial obligation to the University. Initial _______

9. I understand that my diploma will be mailed to the address provided on my application for graduation
   according to the following schedule. Initial _______
      a. by March 1 for December graduates
      b. by July 1 for May graduates
      c. by Oct 1 for August graduates

Note: For purposes of grade point calculation, all course work attempted in the field (Major,
Minor, BBA Foundation Core, and cumulatively), will be included in determining the grade
point average. Initial __________

Signature________________________________________ Date____________________
HONORS DECLARATION

Name: 

ID#: B

Undergraduate Scholar:

☐ I will be completing an Undergraduate Thesis

Department: 

Thesis Director: 

☐ I will not be completing an Undergraduate Thesis

Honors College:

☐ I have a minor in Interdisciplinary Studies

Studies Thesis Director: 

☐ I do not have a minor in Interdisciplinary Studies

Latin Honors:

A student earning a bachelor's degree may be recognized as an honor graduate in one of the following categories of praise—summa cum laude, magna cum laude, or cum laude. This recognition requires a minimum of 60 hours in residence courses through UCA. Below are the grade point averages used to determine graduation with honors.

<table>
<thead>
<tr>
<th>Honors</th>
<th>Overall GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>summa cum laude</td>
<td>4.000 - 3.900</td>
</tr>
<tr>
<td>magna cum laude</td>
<td>3.899 - 3.800</td>
</tr>
<tr>
<td>cum laude</td>
<td>3.799 - 3.700</td>
</tr>
</tbody>
</table>

Courses currently in progress are not used to identify graduation honors in the commencement program or ceremony.

I have read and understand the above stated requirements for honors recognition.

__________________________________________  ________________
Signature                                      Date
GRADUATION PRESS RELEASE ACKNOWLEDGEMENT AND AUTHORIZATION

For Immediate Release: UCA Graduation Information

PRINT OR TYPE ALL INFORMATION CLEARLY

NAME: 

STUDENT ID #: 

was awarded a [ ] degree by the University of Central Arkansas on 

Home town and state: 

Home town newspaper: 

Publication subject to home town media policy.

I understand that if the date my degree is awarded changes, the new date will be reflected in the information released to the press.

Check one:

☐ I approve the release of this information

☐ I do not approve the release of this information

Signature ________________________________ Date ____________________

08062015
ALUMNI RECORD
The following information is used for alumni services, career services and academic assessment.

Student ID __________________________ Birthdate (mm/dd/yyyy) __________________________

Title (please circle one)  Miss  Mrs.  Ms.  Mr.  Dr.  |  Suffix (please circle one)  Jr.  Sr.  Other ____

First Name __________________________ Middle Name __________ Last Name __________________________
☐  Current Address __________________________ This is also my parent(s)’ address.

City __________________________ State ________ Zip __________ Country ______________

Cell Phone _________________ Home Phone _______________  ☞  This is also my parent(s)’ home phone #.

Email _______________________________________________  (not UCA student email)

Maiden/Former Name(s) __________________________ Spouse’s Name (First & Last) __________________________

Expected Graduation Date:  Month ___________ Year ___________  Degree ______________
Major __________________________ Department ________________ College __________________________

Did you earn a Teacher/Educator License?  ☞ Yes  ☞ No

Have you been accepted into graduate school full time?  ☞ Yes  ☞ No

Employment (after graduation)
Employer ______________________________  Position/Title ______________________________
City/State ______________________________  Work Phone ______________________________

Do you need help locating employment?  ☞ No  ☞ YES, I NEED HELP

Student Organization Participation
Fraternity/Sorority __________________________  Student Athlete/Sports Played __________________________

Additional student and campus organizations __________________________

Alumni Family Members
Please list family members (spouse, parents, siblings, grandparents, etc.) who also graduated from UCA.

Name __________________________ Maiden Name __________________________ Relation __________________________

Name __________________________ Maiden Name __________________________ Relation __________________________

Name __________________________ Maiden Name __________________________ Relation __________________________

Previous UCA Degrees
Please list the dates and years of your previous UCA degrees(s) if applicable.

Degree _________ Major __________________________ Month/Year Graduated ______________

Degree _________ Major __________________________ Month/Year Graduated ______________

Signature ______________________________________  Date Completed ________________
UCA Graduate Employment Survey

Name________________________________________________________Gender: M__ F__

Non-UCA email___________________________________________Phone____________________

Graduation Date:  Month____ Year____ Degree Awarded________________________________________

1. Are you currently employed? Yes__ No__ (if you answered no, please skip to question 3).
   Employer________________________________ City________________________ State____
   Position________________________________________ Full time_____ Part time____

2. Starting Salary (This information will be kept confidential):
   Less than $25,000  $25,000-35,000 $35,001-45,000 $45,001-55,000
   $55,001-65,000  $65,001-75,000 More than $75,000

3. What was your major at UCA?________________________________________

4. Are you attending, or do you plan to attend, graduate school? Yes___ No___ Plan to__
   For what degree and area of study?________________________________________

5. Please indicate any of these services you utilized while attending UCA:
   _____ Jump Start Presentation  _____ Discover Program
   _____ Career Counseling  _____ Resume Workshop (presented in-class)
   _____ Resume/Cover Letter Review  _____ Exploring your Career Day
   _____ Career Fair  _____ Cooperative Education Internship
   _____ Mock Interview  _____ Dress for Success
   _____ On Campus Interviews  _____ On Campus Work Study Program
   _____ Partnership Program  _____ MyInterfase
   _____ Career Connections  _____ None of the above
   _____ Student Support Staff

6. Do you need help locating employment? No___ YES, I NEED HELP!!!____

Current Mailing Address:________________________________________