



Reapplication to Graduate

ID Number _____ Degree _____

I have previously applied to graduate but did not complete all degree requirements.

Please move my previous application from _____, _____ to _____, _____.
Term Year Term Year

Name on the Diploma _____

Diploma Mailing Address _____

City _____ State _____ Zip Code _____

Country _____

Email address (non-UCA): _____ Phone number: _____

University Policy allows students to walk once for each degree received. Have you participated in a commencement ceremony for this degree? Yes or No

If no, will you participate in a commencement ceremony? Yes or No

Ceremony name _____

Failure to re-enroll in UCA or complete the degree deficiencies within the calendar year (12 months) of the last semester of enrollment can change the original degree audit.

Signature _____ Date _____

Please submit your completed reapplication by:

*Dropping it off at The Office of the Registrar, Harrin Hall Suite 224

*Email completed form to: commencement@uca.edu

*Fax to 501-450-5734

Form must be received prior to the Friday before Finals week.