

West Virginia University  
**Application for Graduation and Diploma**

(Use Tab to advance fields. After completing, print the form then sign and date.  
Submit completed form to Health Sciences Graduate Programs Office.)

**I expect to complete all requirements for the degree of:**

<b>Degree</b>	<b>Department</b>	<b>Area of Emphasis</b>

May  August  December  Year:

**I wish my name to appear on my diploma as (please print):**

<b>First</b>	<b>Middle</b>

<b>Last</b>

**Student ID:**  -  -

**Diploma Address (if mailing is requested):**

<b>Street Line 1</b>

<b>Street Line 2</b>

<b>City</b>

<b>State</b>	<b>Zip</b>		

**NOTE:**

Complete this form for the semester you expect to graduate and return to the Graduate Office for your college/school. The graduation fee of \$39.00 is to be paid to the Office of Student Accounts. All outstanding debts must be paid one week before graduation.

<b>Student Signature</b>	<b>Date</b>