

Metropolitan State College of Denver
Application for Graduation for Fall Semester, 2009

ALL students completing degree requirements by the end of the Fall 2009 semester must complete this Application for Graduation. If your degree requirements are not satisfied by the end of the semester, you must file a new Application for Graduation for a subsequent semester.

900 --- ---

Student ID

Print

First

MI

Last

Date

PRINT your name clearly as you wish it to appear on your diploma.

First

Middle

Last

Degree* BA BS BFA BM BME
*Double majors receive one degree, determined by 1st major listed.

Degree Catalog* Indicate the catalog under which you are meeting all degree requirements.
The College will assume the current catalog unless you indicate otherwise. (Example: Fall 2007): **FALL** _____

Print Major*: _____ Concentration (if applicable) _____

Minor* or 2nd Major* (Circle one) _____ Concentration (if applicable) _____

3rd Program* (if applicable) _____ Concentration (if applicable) _____

*I have had a CAPP Compliance Report run for this degree program for the Fall Semester, 2009, and the necessary adjustments have been/are being submitted. I realize that I will not remain a degree candidate if all CAPP discrepancies (Not Met) have not been cleared or explained by October 2, 2009 and that it is my responsibility to ensure that this occurs by contacting the Graduation Evaluation section of the Office of the Registrar. I also realize that it is my responsibility to monitor MetroConnect for graduation and commencement ceremony information.

Student Signature _____ Date _____

Deadline for submitting this Application for Graduation for the Fall Semester, 2009 to the Office of the Registrar is **August 28, 2009!**

Address Change: _____
Print Street City State Zip Phone Number

-Retain this portion for your records-

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Application for Graduation for Fall Semester, 2009

Complete and submit this Application for Graduation for the Fall Semester, 2009, in the Office of the Registrar, CN 203, or mail to Office of the Registrar, Campus Box 84, PO Box 173362, Denver, CO 80217-3362 by the **deadline of August 28, 2009.**

I realize that the following are my responsibility:

1. To meet with my major and minor advisors regarding any area of my CAPP report indicating areas Not Met. Refer to the Program Summary section on page 2 or 3 of the CAPP report. **All** areas must be MET to graduate.
2. **To ensure that all CAPP discrepancies (Not Met) are cleared or explained by October 2, 2009 in order to remain a degree candidate for this semester, and that it is my responsibility to ensure that this occurs by contacting the Graduation Evaluation section of the Office of the Registrar.**
3. To monitor MetroConnect for e-mails and personal announcements pertaining to Degree Candidates.
4. To monitor MetroConnect for information regarding the commencement ceremony (except summer semester).
5. To inform the Office of the Registrar regarding any **repeated courses**. Only the credit and the grade for the **last** attempt of the course will remain on the student's academic record.
6. To inform the Graduation Evaluation section of the Office of the Registrar if I change ANY PART of my degree program from the information provided on this application card.
7. To keep my address current with the Office of the Registrar, CN 105, or to change my address on MetroConnect.
8. To file a new Application for Graduation if all degree requirements are not satisfied this semester.

Contact the Graduation Evaluation section of the Office of the Registrar in CN 203, **Monday – Friday from 8 a.m. to 5 p.m. or at 303 556-3985, 303 352-4264, 303 556-3983, or 3068** with any changes to your degree program as indicated on this application, or with questions, concerns or to withdraw your application.