UNIVERSITY OF HAWAI'I AT MĀNOA
APPLICATION FOR DEGREE / CERTIFICATE

Name _____ UH Number_____
Family/Last First Middle

Phone: _____ Email (non-UH): _____

Name (first middle last) in upper/lower case as it will appear on your diploma. Titles are to be excluded. Limit to 45 characters.

Important: Acceptable names will be determined by your name on record with the University. SAS – Name verified on STAR _____

Semester of Expected Graduation: ◯ Fall ◯ Spring ◯ Summer Year: _____

Degree Sought-Check One: ◯ BA ◯ BFA ◯ BS ◯ B ED ◯ BBA ◯ BMUS ◯ BSW ◯ PCERT ◯ JD (Law) ◯ MD (Medicine)

Major: _____ School or College: _____ Minor (If Applicable)_____
(For B ED & PCERT, indicate your major as ELEMENTARY EDUCATION, SECONDARY EDUCATION or SPECIAL EDUCATION)

Your name will be printed in the commencement program. Please initial ____ if you have requested non-disclosure and would like to have your name appear in the commencement program.

For summer applicants, indicate the commencement program in which you wish to have your name printed: ◯ Spring ◯ Fall

Important (for Summer applicants only): If you have requested to have your name printed in the Spring Commencement Program and your application is received after the deadline for printing the Spring Commencement program, your name will appear in the Fall program.

Student Signature: _____ Date: _____

- This application must be completed no later than three weeks after instruction begins during the semester of graduation and no later than June 1st for the Summer Session.
- The fee for processing your graduation application is $30.00.
- Payment may be submitted to the Manoa Cashier's Office (cash or check), QLC 105 or online through MyUH 7 to 10 days after submission of approved application.
- Any changes on this form should be reported immediately to Student Academic Services Office.
- Diplomas are scheduled to be available for pick-up ten weeks after graduation at the Office of the Registrar, QLC Room 010.

School or College Student Academic Services:_____ **Date**: _____
Print name and sign

COMPLETE THIS SECTION TO HAVE YOUR DIPLOMA MAILED

Foreign Air Mail requires special handling—See Office of the Registrar, QLC 010 (808-956-8010)

NAME: _____

MAILING ADDRESS: _____

_____

_____

_____

Important: Address information provided will be used solely for the purpose of mailing your diploma. You may update your mailing address online on MyUH. You may also submit a written request to Office of the Registrar to update your mailing and/or permanent address.

College SAS Use Only ___ __ ___ ___ ___

A&R Use Only

Banner Term: _____ SHADEGR: _____ Fee (BODF) ___ Thesis (BODT) ___

SHADIPL: Name ____ Mailing Address _____ GOAEMAL (othr): ___

Inactivate next SGASTDN: _____ Init./Date:_____