



Office of the Registrar
 Kendall College of Art and Design
 of Ferris State University
 17 Fountain St. NW
 Grand Rapids, MI 49503

APPLICATION FOR DEGREE

Date: _____ Student ID #: _____

Name: _____
(Print Legibly) First Middle Last

Degree Sought:	<input type="checkbox"/> Bachelor of Fine Arts
	<input type="checkbox"/> Bachelor of Science
	<input type="checkbox"/> Master of Fine Arts
	<input type="checkbox"/> Master of Art Education

Expected Graduation Date:	<input type="checkbox"/> Summer Semester (August) 20__
	<input type="checkbox"/> Spring Semester (May) 20__
	<input type="checkbox"/> Fall Semester (December) 20__

Major: _____ Minor: _____

[DIPLOMA WILL BE MAILED TO BELOW ADDRESS UNLESS OTHERWISE INDICATED]

Permanent Home Address: _____
Street Number

City State, Zip Code Phone

International Students:		
Home City	Country	
Local Address: _____		
Street Number		
_____	City	State, Zip Code Phone

I would like my name to appear EXACTLY as follows on my diploma:
 [PRINT LEGIBLY, SHOWING ALL UPPER AND LOWER CASES, SPACING, HYPHENATION OR OTHER ACCENT MARKINGS]

_____ First Middle Last

Hometown: (will be printed in the Commencement Program): _____
City State

Hometown Newspaper: _____

Name of High School: _____
Name City, State

Home Address at time of High School Graduation: _____
Street Number

City State, Zip Code

STUDENT SIGNATURE	_____/_____/_____ DATE
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