GRADUATION APPLICATION – COMPUTER SCIENCE DEPARTMENT

1. The graduation application needs to be reviewed and approved by the student, the student's Academic Advisor and Department Chair.
2. Prospective graduates must submit this application along with the graduation fee payment receipt by the graduation application deadline.
3. Students who do not turn in the applications by the deadline will incur a late fee of $30. Additionally, late submission will result in a delay in printing of the student's diploma.
4. Applications will not be processed without application fee
5. If submitted after the stated deadline all late fees must be paid before processing
6. Students with outstanding balances or holds on their account will not be able to receive their diplomas until their accounts and/or holds are cleared.

Student Name:	**Email:**	**Phone Number:**

Current Address	**City**	**State**	**Zip Code**

Country	**Semester Graduating:**

Major: COMPUTER SCIENCE Concentration(s): (if applicable)	**Minor(s):** (if applicable)

Credits Earned to Date:	**Credits Currently Taking:**	**Remaining Credits:** (if any)

If there are any credits remaining to finish your degree at the time of commencement, where/how are you planning on completing those credits?

Method of Delivery

Pickup from the Registrar's Office	**Deliver diploma by mail:**
Email address for pickup:	**Address**: (only for US addresses)
Names of other people authorized to pick up:	

I understand that should my graduation be delayed, I must reapply for graduation. Additionally, I understand that I may only apply for graduation if I plan on completing my required credits before the start of the next full semester. All notifications and correspondence from the University pertaining to commencement will be conducted through my NAU student email account. Additionally, **my name will appear on my** diploma as it is listed in the **NAU system.**

I plan on attending commencement [   ]   **I DO NOT plan on attending commencement** [   ]

Employment Information

Employer Name: _____ **Employer Phone:** _____ Country: _____

Address:_____City: _____ State: _____ Zip Code: _____

Job Title: _____ Job Responsibilities (*Please provide a brief description of your job duties*):

_____
_____

Employment Status: Full-time   Part-time   **Compensation Status:**   Paid   Unpaid

Supervisor's Name: _____   Supervisor's Phone: _____

Supervisor's E-mail:_____

→ *Please mark and complete the section that best describes your situation:* ***Please mark only one***.

☐ I am **new to this job** and this employer. *Job start date: ____/____/_____ (mm/dd/yyyy).*

☐ I have been employed with my current employer and the degree received/the skills acquired in my program resulted in a **new position/promotion** as of: ____/____/_____ *(mm/dd/yyyy).*
Initial start date with the current employer: ____/____/_____ (mm/dd/yyyy).
Initial position with the current employer: _____.

☐ I have been employed with my current company/organization and the degree received/the skills acquired in my program resulted in *only* a **salary increase** as of: ____/____/_____ *(mm/dd/yyyy).*
Initial start date with the current employer: ____/____/_____ (mm/dd/yyyy).

☐ I have been employed with my current employer and the degree received/the skills acquired in my program resulted in a **maintaining my current position**.
Initial start date with the current employer: ____/____/_____ (mm/dd/yyyy).

☐ I am self-employed as of: ____/____/_____ *(mm/dd/yyyy).*
I hereby attest that, my employment is aligned with my employment goals, is vocational, and is based on and related to the education and training I received; and I am earning training-related income.

☐ I am not employed.

I certify that the above information is correct. I also give NAU permission to contact my employer to verify my employment.

Student Signature	Date

I, the advisor and/or chair have reviewed this student's application and record and recommend that the student be placed on the list of prospective graduates for the degree and major/concentration indicated. Final certification will be determined after receipt of final grades and test scores.

Advisor Name (Printed)	Advisor Signature	Date
Department Chair (Printed)	Department Chair Signature	Date

IMPORTANT NOTES

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V 11.01.18