



Washington Baptist University

4300 Evergreen Lane, Annandale, VA 22003
Phone: 703-333-5904 Fax.: 703-333-5906 www.wbcs.edu

Date Issued: / /2008

REQUEST FOR GRADUATION

Request for Graduation

Full Name:

Date of Birth:

Semester/Year of Admission:

Undergraduate () Graduate ()

Degree Program:

Address:

Email:

Telephone: (H)
(C)

I have completed or will have completed all the academic courses required for the _____ degree by the spring of _____. I hereby request permission for graduation from the Washington Baptist University.

Applicant: _____
(Signature)

_____ Date (mm/dd/yyyy)

Office Use Only

Total Credits Earned:

GPA:

Library:

Financial Obligation: Fulfilled / Unfulfilled (\$)

Graduation Fee (\$300.00)

Thesis Supervision Fee (\$)

Graduation Exam: Pass / Fail

Approval

Registrar: _____
(Signature)

Chief Academic Officer: _____
(Signature)

President: _____
(Signature)