



## DEGREE REQUEST FORM

Office of the Registrar, 7380 W Sand Lake Rd, Suite 500 Orlando, FL 32819

Check on box to indicate the term and fill in the blank line to indicate the proposed year of graduation.

Fall \_\_\_\_\_  
4 digit year

Spring \_\_\_\_\_  
4 digit year

**Legal name as it appears on your Government Issued ID or Passport** (Your name will appear on your diploma & transcript as it is listed on ID not your listed name on AUL records, which should be the same. If you need to update your name in our system, you must file a timely name change with the Registrar office)

\_\_\_\_\_  
Last name (as written on ID)

\_\_\_\_\_  
First name (as written on ID)

\_\_\_\_\_  
Middle

**BBA**       **MBA**       **DBA**

Concentration \_\_\_\_\_ Minor, if any \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Graduation Office Use Only

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

# Credit Hours: \_\_\_\_\_ File Complete: \_\_\_\_\_

Finance Complete: \_\_\_\_\_

Degree Posting Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processing Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_