



DEGREE REQUEST FORM

Office of the Registrar, 1507 S. Hiwassee Rd, Suite 113 & 114, Orlando FL 32835

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: _____