



OFFICE OF THE REGISTRAR
 BYU-HAWAII #1974
 55-220 Kulanui Street
 Laie, Hawaii 96762-1294
 Phone: (808) 675-3736

GRADUATION APPLICATION

BYUH ID:			Home State/ Country:
LEGAL NAME (to appear on diploma):			
PERSONAL EMAIL:			
COMMENCEMENT DATE:	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	Year:	
GRADUATION DATE:	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	Year:	

Instructions:

- ➊ Complete Student Info
- ➋ Meet with Academic Advisor
- ➌ Submit application to the registrar's Office

Academic Advisor Section

PREVIOUS COLLEGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name:	Degree Awarded:	Date:
--	-------	-----------------	-------

DEGREE INFORMATION				
Bachelors: <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> BCIS <input type="checkbox"/> BSW Associates: <input type="checkbox"/> AAS <input type="checkbox"/> ASBM Teaching Certificate: <input type="checkbox"/> TC				
Catalog Year:	Academic Plan: <small>*The first plan listed will appear on diploma</small>	Emphasis/ Track:	Academic Advisor Signature:	Date:
Catalog Year:	Minor/ Certificate:		Academic Advisor Signature:	Date:
Catalog Year:		GE Program:		

Student Signature

Date

For Registrar Office Use

**Please report any necessary changes to the registrar's office.*

Graduate Survey:	_____
Graduate Interview:	_____
Restrictions:	_____
Diploma #:	_____