



NOTICE OF CANDIDACY FOR GRADUATION

BACCALAUREATE DEGREE

PRINT your legal name **EXACTLY** as it appears on your University Records:
(Please note that while preferred first name is permitted, your legal last name will be printed on your diploma)

First Name Middle Name or Initial Last Name Suffix Cell Phone Number

Framingham State University has four graduation dates. The following is the application deadline for these dates:

November 1st for December graduation
December 1st for January graduation
February 1st for May graduation
May 1st for August graduation

Beginning December 31st 2010 graduation, students will be assessed a \$100.00 graduation fee. This fee will appear on the student's account and will need to be settled before the graduation date.

FSU ID#: _____

If unknown then provide last four(4) numbers of SSN:

XXX---XX---

Indicate Major Concentration Code(s): Major1 _____

Major2 _____

Proposed date of graduation (All degree requirements must be completed prior to the graduation date): **Degree to be attained (Check one):**

- December
- January
- May
- August

Year: _____

- Bachelor of Arts (B.A.)
- Bachelor of Science (B.S.)
- Bachelor of Science in Education (B.S.Ed)*

* (Only available to those students completing the Coordinate Education majors – Early Childhood or Elementary)

Please check one:

- I DO plan to attend the May Commencement (Graduation) Ceremony* (*must attend mandatory rehearsal*).

* (All degree requirements must be completed prior to the graduation date)

Are you planning to take courses in Continuing Education, **or** at another institution*, to complete your degree requirements?

- No
- Yes If yes, please indicate where? _____

*NOTE: You must file a completed Course Approval Form for each course taken at another institution **prior** to the start of the course. You must request an official transcript of the final grade(s) from the host institution to the Office of the Registrar and be received prior to the commencement ceremony.

The number of courses: _____ When? _____

PLEASE NOTE: Information releases made available to the press which list the hometown of graduates is generated from the **HOME** (permanent) address on file in the Office of the University Registrar at the time of graduation. If you have, or wish to, invoke your FERPA rights to have Directory Information withheld, please notify the Office of the University Registrar in writing immediately.

The information that I have provided on this form is true to the best of my knowledge. I understand that if I change plans and will not graduate as specified on this form, I will notify the Office of the University Registrar in writing as soon as possible. I also understand that I must re-submit by the posted deadline for a later graduation date in order to obtain a degree if this notice becomes void.

Student's Signature: _____ **Date:** _____

OFFICE USE ONLY: Date Processed on database: _____ Initials: _____

Senior Audit Log Updated: _____ Initials: _____