



REGISTRAR'S OFFICE
1101 CAMDEN AVENUE
SALISBURY, MARYLAND 21801-6860

APPLICATION FOR DIPLOMA

- MEET WITH YOUR ACADEMIC ADVISOR OR DEPARTMENT CHAIR PRIOR TO YOUR FINAL SEMESTER TO REVIEW THE ACCURACY OF YOUR DEGREE AUDIT, DISCUSS REMAINING DEGREE REQUIREMENTS IN DETAIL, AND SELECT THE REMAINING COURSES NEEDED FOR GRADUATION. THE COMPLETION OF ALL DEGREE REQUIREMENTS IS ULTIMATELY YOUR RESPONSIBILITY.
BE AWARE OF MINIMUM GRADES NEEDED IN COURSES REQUIRED FOR GRADUATION, ESPECIALLY FOR IN-PROGRESS COURSE WORK, AND CONSULT WITH YOUR ACADEMIC ADVISOR BEFORE ALTERING YOUR COURSE SCHEDULE OR WITHDRAWING FROM ANY COURSES DURING YOUR FINAL SEMESTER.
MARYLAND STATE LAW REQUIRES THE COMPLETION OF AT LEAST 120 SEMESTER HOURS OF COURSE WORK AND A CUMULATIVE GRADE POINT AVERAGE OF 2.0 FOR THE BACHELOR'S DEGREE.
GRADUATION WITH HONORS REQUIRES THE COMPLETION OF AT LEAST 56 GRADED SEMESTER HOURS AT SALISBURY UNIVERSITY, OF WHICH 30 OR MORE MUST BE COMPLETED AT THE 300/400 LEVEL WITH GRADES OF A, B OR C. A CUMULATIVE GRADE POINT AVERAGE OF 3.5 IS REQUIRED FOR CUM LAUDE HONORS, 3.7 FOR MAGNA CUM LAUDE HONORS AND 3.9 FOR SUMMA CUM LAUDE HONORS. THIS POLICY IS EFFECTIVE WITH AUGUST 2003 GRADUATES.

ID: _____

STUDENT'S NAME: _____
FIRST, MIDDLE, LAST

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
MONTH, DAY, YEAR

HOME ADDRESS: _____ LOCAL ADDRESS: _____
STREET OR P.O. BOX STREET OR P.O. BOX
CITY, STATE AND ZIP CODE CITY, STATE AND ZIP CODE

TELEPHONE NUMBERS: (_____) _____ (_____) _____
AREA CODE AND PERMANENT TELEPHONE AREA CODE AND LOCAL TELEPHONE

EXACT NAME TO APPEAR ON DIPLOMA: _____

ANTICIPATED DATE OF COMPLETION: [] JANUARY [] MAY [] AUGUST [] DECEMBER _____
YEAR
JANUARY GRADUATES PARTICIPATE IN COMMENCEMENT EXERCISES THE FOLLOWING MAY; AUGUST GRADUATES PARTICIPATE THE FOLLOWING DECEMBER.

- DEGREE: SELECT ONE
[] BACHELOR OF ARTS [] MASTER OF ARTS
[] BACHELOR OF ARTS IN SOCIAL WORK [] MASTER OF ARTS IN TEACHING
[] BACHELOR OF FINE ARTS [] MASTER OF BUSINESS ADMINISTRATION
[] BACHELOR OF SCIENCE [] MASTER OF EDUCATION
[] MASTER OF SCIENCE
[] MASTER OF SOCIAL WORK

MAJOR #1: _____ CONCENTRATION OR TRACK: _____

MAJOR #2: _____ CONCENTRATION OR TRACK: _____

MINOR #1: _____ MINOR #2: _____

I HAVE READ THE GRADUATION/DIPLOMA RELATED INFORMATION NOTED ABOVE, AGREE TO KEEP THE REGISTRAR'S OFFICE INFORMED OF MY INTENTIONS, AND FULLY UNDERSTAND THAT THE REGISTRAR'S OFFICE RESERVES THE RIGHT TO MOVE MY ANTICIPATED DATE OF COMPLETION AND COMMENCEMENT PARTICIPATION OR TO CANCEL THIS APPLICATION FOR DIPLOMA IF IT APPEARS THAT I WILL NOT OR DO NOT MEET MY DEGREE REQUIREMENTS AS I HAVE STATED.

STUDENT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

NOTES: _____

DEGREE CONFERRED: _____