

BACONE COLLEGE
BACHELOR DEGREE – APPLICATION FOR GRADUATION*

Fall 2019 – Spring 2020 – Summer 2020

All graduation application paperwork and receipt of fee paid must be turned in to the Registrar's Office by the deadlines. Mailing address: **Attn: Registrar, 2299 Old Bacone Road, Muskogee, OK 74403; Fax number 1-866-498-1487.** **Last Day to Apply for Graduation:** October 9, 2020 for Fall completion date: February 26, 2021 for Spring completion date: or March 31, 2021 for Summer completion date.

****(I understand that the requirements for my degree must be completed within one year from the date of this application to guarantee that I may graduate under the catalog/degree plan of my year of entrance at Bacone College.) In order to meet Title IV Federal guidelines, the term in which the requirements for a degree are completed will be the date of degree completion listed on the student transcript.***

I hereby make application for the:

_____ Bachelor of Arts Degree (Major: _____)

_____ Bachelor of Science Degree: (Major: _____)

To be granted in (check one) _____ Fall 2019, or _____ Spring 2020, or _____ Summer 2020.

Check below all that apply:

- _____ 1. I will have completed 124 academic hours (30 of the final 60 hours being earned at Bacone College), in an approved Degree program with a minimum 2.00 (**2.50 minimum required for degrees in Business Administration and Medical Imaging, and for degrees leading to State certification in Early Childhood Education, Elementary Education, HPE-K-12, and Criminal Justice**) or above grade point average. See your degree plan for the exact grade point average requirements. **(Degree plan is required).**
- _____ 2. I understand that I must satisfy all degree requirements as detailed in the current Bacone College catalog, and as shown on the completed degree plan attached to this application.
- _____ 3. I have paid my \$75.00 non-refundable graduation fee to the Business Office (copy of receipt attached). Graduation fee Must be received at the time of application turned into the **Registrar's Office; fee is only good for one year.** I understand that I will not receive a diploma, or transcript until all of my accounts are clear.
- _____ 4. I plan to participate in the upcoming Spring Commencement (Must have a zero balance on account to participate).
- _____ 5. If I elected NOT to have personal and/or address information appear on any published documents; I hereby authorize *(initial)* Bacone to print information and/or submit necessary information to entities relating to Bacone's Commencement and Honors Assembly (including, but not limited to CB Announcements, media outlets, Commencement Program, and the Honors Assembly Program).

Date: _____

Signature of Candidate

Email Address: _____

**PLEASE PRINT HOW YOU WOULD LIKE YOUR NAME PRINTED
ON YOUR DIPLOMA***

*(Please attach a separate sheet with any special instructions for pronouncing your name.)

Please check one of the following options below for receiving your diploma:

_____ Please mail diploma to: _____

_____ I want to pick up my diploma when it is ready. My contact phone number: _____