BACONE COLLEGE

BACHELOR DEGREE – APPLICATION FOR GRADUATION*

Fall 2021 – Spring 2022 – Summer 2022

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 8, 2021 for Fall completion date: February 25, 2022 for Spring completion date: or March 31, 2022 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 | y make application for the: | | | | |
|----------|--|---|--|---|-------|
| | Bachelor of Arts Degre | ee (Major: | | |) |
| | Bachelor of Science De | egree: (Major: | | |) |
| To be g | ranted in (check one) | Fall 2020, or | Spring 2021, or | Summer 2021. | |
| Check l | pelow all that apply: | | | | |
| 1 | Degree program with a min Medical Imaging, and for | imum 2.00 (2.50 minim degrees leading to State d Criminal Justice) or a | um required for degrees in e certification in Early Chi above grade point average. | d at Bacone College), in an approx Business Administration and ildhood Education, Elementary See your degree plan for the exac | |
| 2 | I understand that I must sati shown on the completed deg | | | Bacone College catalog, and as | |
| 3. | | e of application turned in | to the Registrar's Office; f | py of receipt attached). Graduatio ee is only good for one year. I s are clear. | n fee |
| 4. | I plan to participate in the u | pcoming Spring Commo | encement (Must have a zero | balance on account to participate |). |
| | If I elected NOT to have personal and/or address information appear on any published documents; I hereby authorize 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: _ | | | G: | | |
| | | | Signature | e of Candidate | |
| Email A | Address: | PI Ol | N YOUR DIPLOMA* | OULD LIKE YOUR NAME PRIN | |
| | check one of the following | - | | | |
| Pl | ease mail diploma to: | | | | |
| I | want to pick up my diplom | a when it is ready. M | v contact phone number: | | |