Northeastern Illinois University
5500 North St. Louis Avenue
Chicago, Illinois 60625-4699
Graduate College
773/442-6002

THE GRADUATE COLLEGE
APPLICATION FOR GRADUATION

Please read directions before filling out application.
Incomplete information will delay processing of your application.

Code _____ Receipt _____ Check No. _____

NAME _____ **SSN** _____
Last First Middle

ADDRESS _____
No. & Street City State Zip

PHONE _____ **E-MAIL** _____

GRADUATION APPLICATION FOR: Year _____ (Circle One) May August December

Title of Degree/Sequence _____

PRINT YOUR NAME FOR DIPLOMA _____
First Middle Last

List all completed courses and/or courses in progress APPLICABLE to the program in the appropriate section below. Do not use reference numbers. Leave "Graduate Advisor's Initials" column blank.

TERM TAKEN	DEPT	COURSE NUMBER	COURSE TITLE	CREDITS	GRADE	GRADUATE ADVISOR'S INITIALS

COURSE REGISTRATION FOR THE CURRENT SEMESTER AT NORTHEASTERN

TRANSFER CREDITS OFFICIALLY ACCEPTED BY THE GRADUATE COLLEGE
NAME OF SCHOOL(S)

Signature _____ Date _____

White - Returned to Graduate College with departmental evaluation.
Pink - Retained in the Graduate College.
Yellow - Retain in Department.
Gold - Retained by Student.