

UTICA SCHOOL OF COMMERCE

APPLICATION FOR GRADUATION

All students who plan to finish their program by _____, must complete this form.

Please PRINT your name the way you would like it to appear on your certificate or degree.

Name: _____

Address: _____

E-Mail Address: _____

Program: _____

Expected date of completion: _____

❖ Please take the time to review your course of study to ensure that you have taken and passed all required courses and have earned the correct number of credit hours for your particular program.

I certify that I have reviewed my transcript and will complete all necessary program requirements by _____.

Student Signature: _____

Date: _____