BODF-G

UNIVERSITY OF HAWAI'I AT MĀNOA
GRADUATE APPLICATION FOR DEGREE / CERTIFICATE

PLEASE PRINT CLEARLY

Name _____ UH Number_____ - _____
Family/Last First Middle

Phone: _____ Email: _____

Name (first middle last) in upper/lower case as it will appear on your diploma. Titles are to be excluded. Limit to 45 characters.

Important: Acceptable names will be determined by your name on record with the University. SAS - Name verified on STAR _____

DATE OF EXPECTED GRADUATION: [ ] FALL [ ] SPRING [ ] SUMMER YEAR: _____

Degree: _____ Program: _____ (A-thesis) (B- nonthesis) (C-exams) Specialization: _____
(M.Ed., M.S., Ph. D, etc) (Accounting, Botany, etc) (EECB, CMNS, MB)

Hometown: _____
(Los Angeles, California; Lihue, Kauai; Seoul, Korea, etc)

Your name and hometown will be printed in the commencement program. Please initial ____ if you have requested non-disclosure and would like to have your name appear in the commencement program.

For summer applicants, indicate the commencement program in which you wish to have your name printed: SPRING FALL (circle one only)

Important (for Summer applicants only): If you have requested to have your name printed in the Spring Commencement Program and your application is received after the deadline for printing the Spring Commencement program, your name will appear in the Fall program.

Previous degree earned:
Bachelor's Degree _____ Year Awarded_____ University _____
(B.A., B.S., B.ED., etc) (if foreign, indicate country)
Master's Degree _____ Year Awarded_____ University _____
(M.A., M.S., M. Ed., etc) (if foreign, indicate country)

Student Signature: _____ Date: _____

1. This application must be completed no later than two weeks after instruction begins during the semester of graduation and no later than June 1st for the Summer Session.
2. The fee for processing your graduation application is $30.00 for each advanced degree and $21.00 for microfilming and binding 1 copy of your thesis/dissertation (for Hamilton Library), both subject to change.
3. The payment may be submitted to the Manoa Cashier's Office, QLCSS 105 or online through MyUH Portal.
4. Any changes on this form should be reported immediately to the Graduate Division, Records Office, Spalding 352 or by calling 808-956-8500.
5. Diplomas will be available for pick-up ten weeks after graduation at Admissions and Records, QLCSS Room 001.

REQUEST TO MAIL DIPLOMA
(COMPLETE THIS SECTION ONLY IF DIPLOMA IS TO BE MAILED)

Foreign Air Mail requires special handling—See Admissions & Records Office, QLCSS 010 (808-956-8010)

PLEASE PRINT CLEARLY

NAME: _____

MAILING ADDRESS: _____

_____

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Important: Address information provided will be used solely for the purpose of mailing your diploma. You may update your mailing address online on MyUH. You may also submit a written request to Admissions and Records to update your mailing and/or permanent address.

College SAS Use Only ___ __ ___ ___ ___

MGD Use Only

Banner Term: _____ SHADEGR:____ Fee (BODF)____ Thesis (BODT) ____

SHADIPL: Name_____ Hometown ____ Mailing Address____

Inactivate/Update next SGASTDN: _____ User: _____

Rev 10/07