

**UNIVERSITY OF HAWAI‘I AT MĀNOA  
APPLICATION FOR DEGREE / CERTIFICATE**

**BODF**

**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 Sought-Circle One: ARCHD BARCH BA BFA BS B ED BBA BMUS BSW JD (Law)  
MD (Medicine) PCERT PDE

MAJOR: \_\_\_\_\_ COLLEGE: \_\_\_\_\_ Minor (If Applicable) \_\_\_\_\_  
(For B ED & PCERT, indicate your major as ELEMENTARY EDUCATION, SECONDARY EDUCATION or SPECIAL EDUCATION)

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

Important: If your application is received after the deadline for printing the Spring Commencement program, your name will appear in the Fall program.

**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 1<sup>st</sup> for the Summer Session.
2. The fee for processing your graduation application is \$30.00.
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 Student Academic Services Office.
5. Diplomas will be available for pick-up ten weeks after graduation at Admissions and Records, QLCSS Room 010.

**College Student Academic Services Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

A&R Use Only

Banner Term: \_\_\_\_\_ SHADEGR: \_\_\_\_\_ Fee (BODF) \_\_\_\_\_

SHADIPL: Name \_\_\_\_\_ Hometown \_\_\_\_\_ Mailing Address \_\_\_\_\_

Inactivate next SGASTDN: \_\_\_\_\_

Init./Date: \_\_\_\_\_