University of the Virgin Islands

Office of the Registrar

Graduation Application

INSTRUCTIONS: ***Please print or type this form. One application per degree***

Print legal name: _____
First Middle Last

SSN # _____ Gender M☐ F☐ Date of Birth ____/____/____
MM DD YY

Current Mailing Address:

_____
P.O. Box/Street Address

_____
City State Zip Code

_____
Telephone # (Daytime)

Permanent Mailing Address:

_____
P.O. Box/Street Address

_____
City State Zip Code

_____
Telephone # (Daytime)

Campus: ☐ St. Thomas ☐ St. Croix Email Address: _____

INDICATE DEGREE PROGRAM

☐ Master of Arts in Education
☐ Master of Arts in Business Administration
☐ Master of Arts in Public Administration
☐ Bachelor of Science Major(s) _____
☐ Bachelor of Arts Major(s) _____ Concentration(s) _____
☐ Associate in Science Major(s) _____
☐ Associate in Arts Major(s) _____

☐ ATTENDING Commencement ☐ ST. THOMAS CAMPUS ☐ ST. CROIX CAMPUS
☐ NOT ATTENDING

Date: _____ Student's Signature: _____

NOTE

GRADUATION FEES: [All fees are non-refundable]

- Degrees(s) **$75.00**
- Each additional Degrees(s) from different category **$25.00**

+ ***All prospective graduates must contact the Bookstore for Academic Regalia by graduation application deadline.***

All completed applications must be submitted to the Registrar's Office

FOR OFFICE USE ONLY

Date: _____

Receipt #_____ Amount Received $_____ Cash ☐ Check ☐ Other ☐ Clerk's Initials _____

Revised 02/08/06