FMU
FLORIDA MEMORIAL UNIVERSITY

Office of the Registrar
E-mail: fmuregistrar@fmuniv.edu
Phone: (305) 626-3752-3

Date Issued: _____

FALL 20_____
SPRING 20 _____
SUMMER 20_____

GRADUATION APPLICATION FORM

_____ **ID:** _____

NAME (Last, First, Middle)   *FMU Student ID*

_____

STREET   **CITY**   **STATE/ZIP**

_____   _____

STUDENT E-MAIL   **PHONE NUMBER**

Degree Seeking: BA   BM   MA   **MAJOR:** _____
Check One   BSW   BS   MS
                             EdS   MBA   **MINOR:** _____

PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA

_____

(FIRST)   **(MIDDLE)**   **(LAST)**

Course requirements remaining to complete degree program:

COURSE PREFIX	CREDIT HOURS	COURSE PREFIX	CREDIT HOURS	COURSE PREFIX	CREDIT HOURS

Total number of credits remaining _____   **Total number of credits at FMU _____**
Total number of remedial courses subtracted _____
Total number of transfer credits _____ *(A max total of 90 credit hours are acceptable)*
COMMENTS:

_____

_____

_____

_____   _____
Student's Signature   **Academic Dean/Chairperson**

FOR REGISTRAR'S OFFICE USE ONLY

Date Received _____   Received By: _____

Payment of Graduation Fee Date: _____