APPLICATION FOR GRADUATION AND DIPLOMA

- ☐ **Addison**
- ☐ **DVUC Elgin**
- ☐ **DVUC Naperville**
- ☐ **DVUC Oakbrook Terrace**
- ☐ **DVUC Schaumburg**
- ☐ **DVUC Online**
- ☐ **DVUC Edina, MN**
- ☐ **DVUC St. Louis Park, MN**

Please read the following carefully:

1. To be considered for graduation, all requirements - as stated in the Academic Catalog – **must be met.**
2. A one-time graduation application fee of $60.00 will be charged to the Educard® account of all graduates. Cap and gowns are **NOT** included in this fee.
3. To ensure a diploma is ordered to your specifications and will be ready in time for graduation, Addison students please return this form to Career Services; Tinley Park students to the Registrar's office by Friday of Week 4.
4. Fill in all fields as applicable. If not filled out properly, we cannot ensure you of prompt notification regarding graduation, job opportunities, and accuracy of your diploma

Full Name: _____

▲ First ▲ Middle ▲ Last

Name As You Would Like It to Appear On Diploma: _____

Phonetic Pronunciation: _____

_____ D_____ _____/ _____ / 20_____

▲ Signature ▲ DeVry Student ID# ▲ Date

▼ Major:

- ☐ BS in Business Administration (BSBA)
- ☐ BS in Computer Engineering Technology (CET)
- ☐ BS in Computer Information Systems (CIS)
- ☐ BS in Electronics Engineering Technology (EET)
- ☐ BS in Technical Management (BSTM)
- ☐ BS in Network & Communications Management (NCOM)
- ☐ BS in Game Simulation Programming (GSP)
- ☐ AAS in Electronics and Computer Technology (ECT)
- ☐ AAS in Network Systems Administration (NSA)
- ☐ AAS in Health Information Technology (HIT)
- ☐ AAS in Web Graphic Design (WGD)

▼ Graduation/Ceremony Plans:

Anticipated Graduation Date ☐ February/March (Fall)
☐ June (Spring)
☐ October (Summer)

Year: 20_____

Will you be attending the Graduation ceremony? ☐ Yes ☐ No

▼ ***In order to contact you, it is important to keep your directory profile up-to-date. If changes occur, please notify the Registrar's office as soon as possible.***

PRE-Graduation Address: _____ _____

▲ Street Address ▲ Apt. #

_____ _____ _____

▲ City ▲ State ▲ Zip

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

POST-Graduation Address: _____ _____

▲ Street Address ▲ Apt. #

_____ _____ _____

▲ City ▲ State ▲ Zip

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

REMEMBER: Acceptance of this document does not imply graduate status.

My signature serves as consent to the use of my name in the Commencement program and to being photographed during the event. I also understand that such photographs may be used by DeVry University in marketing and promotional materials.

_____

Signature

Please fax back to 630-953-1236