

The Art Institute of Philadelphia

Application for Graduation

Please fill in the following information if you plan to graduate at the end of this quarter. The information that you provide will enable us to monitor your progress toward graduation and include you in important mailings.

I plan to graduate (please circle): SU FA WI SP YEAR_____

General Information

Name: _____ ID# _____

Major: _____ Degree (Please Circle): AST DP AS BS

Mailing Address: _____
Street City State Zip

Phone: _____

Graduation Intentions

- I plan to graduate at the end of this quarter.
- I am unsure if I will have the necessary requirements to graduate at the end of this quarter.

Your Name On Your Diploma (A maximum of 24 characters including spaces)

I would like my name on my diploma to read exactly as follows (please print clearly)*:

Name: _____

*If the name above is different than what is officially in the AiPH database (see your official schedule) then your name must legally be changed and a copy of your social security card should be given to the Registrar's office with your application for graduation.

Commencement Ceremony Intentions

- Yes! I am interested in participating in the commencement ceremony.
- No, I am not interested in participating in the commencement ceremony. Please mail my diploma to the address I provided on this application.

Student Signature: _____ Date: _____

Please return this form by Friday of the first week of class to the Registrar's office located on the 3rd floor in the Main Building of 1622 Chestnut Street. Failure to submit this application on time could delay your graduation.