

## COLLEGE OF VISUAL & PERFORMING ARTS APPLICATION FOR GRADUATION

**TERM OF GRADUATION:** Fall ( ) Spring ( ) Summer ( )

**YEAR OF GRADUATION:** 20\_\_

**NAME: Print name as it is to appear on your diploma**

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

**RU ID NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PERMANENT STREET OR P.O. BOX:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**LOCAL STREET OR P.O. BOX:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**DEGREE:** ( ) B.A. ( ) B.S. ( ) B.F.A. ( ) B.M. ( ) B.M.- Teacher Licensure (Music Edu)  
( ) B.S.- Teacher Licensure (Art Edu/Dance Edu)

**ASSOCIATES DEGREE:** Have you earned an Associates Degree from a Virginia Community College?  
( ) Yes ( ) No

**CATALOG YEAR:** ( ) 2004-2005 ( ) 2005-2006 ( ) 2006-2007 ( ) 2007-2008 ( ) 2008-2009

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

**AREA(S) OF CONCENTRATION** \_\_\_\_\_

**SECOND MAJOR:** \_\_\_\_\_

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

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

**CURRENT CLASS SCHEDULE:**

**COURSES LEFT FOR FOLLOWING SEMESTER:**

| COURSE # & COURSE TITLE | HOURS |  | COURSE # & COURSE TITLE | HOURS |
|-------------------------|-------|--|-------------------------|-------|
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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**