

## **SELMA UNIVERSITY Graduation Application**

Se E	nail, Fax, or bring this appelma University, Registratemail Address: registrar@sax Number: (334) 526-140	r's Office, 150 selmau.edu	01 Boynton Stree	et, Selma, AL 36701	
Selma Student Identification Number  Name (Last, First, Middle Initial)			]	Date of Birth  Previous name, if applicable	
Mailing A	Address		<del></del>		
City		State	ZIP Code	Phone Number	_
Semester	and year graduation antic	ipated:			
• A  • Bi	as stipulated in the catalog. A call required core and major cou Academic Officer must approvalum plan.  Signature	Biology Biology – Hea Biology – Phy Administration deral Studies  deology deology and Christian de and Christian de and Pastoral M deperson must chece decompleted currences with a mining and sign this for	ristian Education  Education  Ministry  ck the student's reco iculum plan check- mum "C" grade unle orm. The Registrar m	ords for compliance of completion of all requirements:  off sheet must be attached to this form. The student ess the Chief Academic Officer has permitted otherwis must verify for the accuracy of all data on the worksheet.  Date	e.
CI.		aduation is ap	proved for curren	nt Spring or Summer Terms	
Chairperson Signature:				Date	

Date:

Chief Academic Officer: