## UNIVERSITY OF HAWAI'I AT MĀNOA APPLICATION FOR DEGREE / CERTIFICATE

NameFamily	/Last	First	Middle	_UH Number		
Phone: Email (non-UH):						
Name (first middle last) in upper/lower case as it will appear on your diploma. Titles are to be excluded. Limit to 45 characters.						
Name (113t initiale 143t) in appear on your diploma. Thes are to be excluded. Emili to 43 characters.						
Important: Acceptable names will be determined by your name on record with the University. SAS – Name verified on STAR						
Semester of Expected Gradua	tion: Fall	Spring Sum	mer Year:			
Degree Sought-Check One	BA I	BFA BS BEI	D BBA BMUS	BSW PCERT		
	JD (Law)	MD (Medicine)				
Major: School or College: Minor (If Applicable)  (For B ED & PCERT, indicate your major as ELEMENTARY EDUCATION, SECONDARY EDUCATION or SPECIAL EDUCATION)						
Your name will be printed in the commencement program. Please initial if you have requested non-disclosure and would like to have your name appear in the commencement program.						
For summer applicants, indicate the commencement program in which you wish to have your name printed:  Spring Fall  Important (for Summer applicants only): If you have requested to have your name printed in the Spring Commencement Program and your application is received after the						
deadline for printing the Spring Commencement program, your name will appear in the Fall program.						
Student Signature:				Date:		
<ul> <li>This application must be completed no later than three weeks after instruction begins during the semester of graduation and no later than June 1<sup>st</sup> for the Summer Session.</li> <li>The fee for processing your graduation application is \$30.00.</li> <li>Payment may be submitted to the Manoa Cashier's Office (cash or check), QLC 105 or online through MyUH 7 to 10 days after submission of approved application.</li> <li>Any changes on this form should be reported immediately to Student Academic Services Office.</li> <li>Diplomas are scheduled to be available for pick-up ten weeks after graduation at the Office of the Registrar, QLC Room 010.</li> </ul>						
School or College Stud	lent Academic Services:_			Date:		
		Print name and s	ign			
COMPLETE THIS SECTION TO HAVE YOUR DIPLOMA MAILED Foreign Air Mail requires special handling—See Office of the Registrar, QLC 010 (808-956-8010)						
NAME:				Address information provided will be used solely		
MAILING ADDRESS:			mailing addr written reque	for the purpose of mailing your diploma. You may update your mailing address online on MyUH. You may also submit a written request to Office of the Registrar to update your mailing and/or permanent address.		
- -						
College SAS Use Only						
A&R Use Only						
Banner Term:	 _ Mailing Address		Fee (BODF)	Thesis (BODT)		
	Nanng Address ON:			Init./Date:		