

For Official Use Only
Date Diploma is ordered:

Campbell University Application for Graduation Extended Campus Education

Name _____ Student ID: _____ Rank _____ Service _____

I hereby submit this Application for Graduation and request that an order be placed for a Diploma for the Degree of:

- | | |
|--|---|
| <input type="checkbox"/> Associate in Arts, General Education | <input type="checkbox"/> Bachelor of Business Administration, ACCT |
| <input type="checkbox"/> Associate in Arts, Business Administration | <input type="checkbox"/> Bachelor of Business Administration, CIS |
| <input type="checkbox"/> Associate in Arts, Computer Information Systems | <input type="checkbox"/> Bachelor of Science, Computer Science |
| <input type="checkbox"/> Bachelor of Applied Science | <input type="checkbox"/> Bachelor of Science, Psychology |
| <input type="checkbox"/> Bachelor of Health Science | <input type="checkbox"/> Bachelor of Science, Soc Sci, History |
| <input type="checkbox"/> Bachelor of Arts in Criminal Justice | <input type="checkbox"/> Bachelor of Science, Soc Sci, Government |
| <input type="checkbox"/> Bachelor of Business Administration, BADM | <input type="checkbox"/> Bachelor of Science, Soc Sci, Criminal Justice |

with a Minor in (applies to Bachelor Degrees only): _____

to be awarded to me in: August December May June* (*graduation ceremony held at Camp Lejeune) Year: _____

I wish to have my name printed **EXACTLY** this way on the Diploma: (Please Print Clearly)

Address for mailing information concerning audit or graduation rehearsal or other pertinent information in connection with my graduation: _____

(Address) (City) (State) (Zip)

(Email address)

(Phone#)

Address I want printed in Graduation Program: _____
(City and State ONLY please)

The address where I want my Diploma to be mailed in case I do not carry it with me on the date of my graduation or I choose not to attend graduation is: (If there is a balance due on your account in the Business Office, we will not be allowed to mail your diploma.)

(Route, Street, PO Box) (City) (State) (Zip)

If I do not graduate on the above date I understand that I must reapply for graduation.

Date: _____ Signature: _____

In order for your family to receive an invitation to the President's Reception, the President's Office needs the names and addresses of:

Your Spouse: _____

Your Parents: _____

Please mail signed application to Campbell University at your home campus address.

Fort Bragg Campus
PO Box 70659
Ft. Bragg, NC 28307

Pope AFB Campus
23 MSS/DPE
384 Maynard – Suite A
Pope AFB, NC 28308

RTP Campus
808 Aviation Parkway
Suite 1100
Morrisville, NC 27560

Camp Lejeune Campus
PO Box 8666
Camp Lejeune, NC 28547