



Adler Graduate School

PETITION FOR GRADUATION / DEGREE CONFERRAL

1. PLEASE PRINT YOUR FULL NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA AND FINAL OFFICIAL TRANSCRIPT:

_____ 2. Email address: _____

3. Home Phone (____) ____ - _____ 4. Cell / Other Phone (____) ____ - _____

5. Anticipated Graduation / Degree Conferral Date _____ / _____
(month) (year)

6. Do you plan to participate in AGS's graduation ceremony? Yes / No (If no, skip remaining questions)
(circle one)

(Please note: students participating in the graduation ceremony will be charged a fee of \$45 to offset the costs of diplomas, announcements, caps and gowns, refreshments, etc.)

7. How many graduation announcements/invitations would you like to request? _____

8. To assist us in ordering caps and gowns, please indicate your height: _____
(feet) (inches)

9. If you feel it would be helpful, please indicate the phonetic pronunciation of your name in the space below:

RETURN THIS FORM TO THE DIRECTOR OF STUDENT SERVICES AS SOON AS POSSIBLE.

If you have any questions, please call 612.861.7554. Thank you!

AGS STAFF USE ONLY

_____ Degree audit complete

_____ Tuition and fees paid

_____ Internship requirements met

_____ Exit interview with AGS President

_____ Oral examination passed

_____ Library/materials review

_____ Financial aid exit counseling

_____ Electronic copy of Master's Project
submitted to Media Center Coordinator