

Haskell Indian Nations University
Office of the Registrar
PETITION TO GRADUATE

Select the semester you plan on graduating.

Fall _____ Spring _____ Summer (If semester is held)

I am requesting that the Office of the Registrar review my academic record to determine whether I am eligible to graduate.

A00000 _____
Student Haskell ID # Student Name (Please print)

Current Campus Box or Local Address, City, State, & Zip

Degree (AA, AS, BA, BS): _____ **Major:** _____

Emphasis (if applicable): _____

Advisor: _____

Have you applied for a four-year program? Yes No
Are you already accepted into a four-year program? Yes No

I understand by submitting this petition into the Office of the Registrar that I could graduate with my degree. I understand that if I am graduating with an associate's degree that I have applied for a four-year program. If I am not accepted into the four-year program, I will not be eligible to return to Haskell upon graduation.

Student Signature Advisor Signature

Graduation Diploma Information

The diploma will be ready in 4-6 weeks after final exams. Mail my diploma to the following address after my graduation eligibility has been certified and diploma printed.

Telephone #: _____ My e-mail address is: _____

How my name should appear on the diploma: _____

Graduation Ceremony

___ **NO, I do not** plan to participate in the graduation ceremony.

___ **YES, I would like** to participate in the graduation ceremony.

This form must be signed by the graduation candidate and advisor and filed with the Office of the Registrar by the deadline posted on academic calendar.

