



PETITION TO GRADUATE

Name (*exactly as it should appear on your diploma*):

Division: FT 3L PT 4L

Anticipated graduation date:

May 20 _____ December 20 _____

By my anticipated graduation date, I will have earned a minimum of 88 credits:

YES NO

I request an audit of my academic and financial records to determine compliance with the graduation requirements. I understand that the petition will be granted provided that I have met all requirements for the Juris Doctor degree and that all financial obligations have been paid in full.

Please return this form by October 1st in the academic year of your anticipated graduation.

PERMANENT RESIDENCE:

Street Address: _____

City, State, Zip: _____

Phone / Personal Email: _____

Date: _____

I do / do not authorize the release of my name, degree, and date of graduation.

Signed: _____

RETURN THIS FORM TO THE REGISTRAR

Office Use Only: Tuition and Fees _____ Other: _____