



Northwest UNIVERSITY

GRADUATE / DOCTORAL DEGREE GRADUATION APPLICATION

5520 108th Avenue NE • P.O. Box 579 • Kirkland, WA 98083
 (425) 889-5228 • fax: (425) 889-5743 • registrarsoffice@northwestu.edu

Anticipated Graduation Semester

- | | | |
|---|-----------------------|--------------------------|
| <input type="checkbox"/> Graduate Program | Fall (<i>Dec</i>) | <input type="checkbox"/> |
| <input type="checkbox"/> Doctoral Program | Spring (<i>May</i>) | <input type="checkbox"/> |
| | Summer (<i>Aug</i>) | <input type="checkbox"/> |
| | Year 20_____ | |

ID# _____

Name _____
Last First M.I.

Phone (_____) _____ Email _____

Name **PRINTED EXACTLY** as you desire on the diploma _____

College or School

- College of Business
- College of Education
- College of Social & Behavioral Science
- College of Ministry
- School of Nursing
- Center for Leadership Studies

Degree Pursuing

- MA – Major _____
Concentration _____
- MBA – Concentration _____
- M.ED – Concentration _____
- MIM MIT MSN
- Pys.D
- Ph.D – Concentration _____
- Ed.D – Concentration _____

Graduation Fee (*Due at time of application*)

- Paid Cash
- Place on my account Initials _____

(Office Use Only)

- Graduation Fee **\$110.00** (paid _____)
- Final Course/Grade Tracking
- Minimum GPA Verification
- Total Credit Requirement Verification
- Degree Posted on Transcript
- Date Diploma Packet Sent _____
 Folder/Hood Needed? Yes / No

Signature _____ Date _____

Approvals (*Office Use Only*)

Student Accounts	_____	Date	_____
Registrar	_____	Date	_____