

PETITION TO GRADUATE

FIRST PETITION RE-PETITION (originally petitioned for _____ term)

Attach FLOW CHART (undergraduate major and minor), PROGRAM PLAN (graduate) or PROGRAM OF STUDY (doctoral).

CAMPUS _____ STUDENT ID NO. _____ DATE _____

Name below **MUST appear as listed in Florida Tech student database**. NOTE: Candidate's name will be printed on the diploma as it appears in the Florida Tech student database.

NAME _____
Last First Middle

LOCAL MAILING ADDRESS _____
Street/Apt. No. City State ZIP

LOCAL TELEPHONE _____ HOME TELEPHONE _____ WORK TELEPHONE _____

I AM PETITIONING FOR GRADUATION AT THE END OF _____ *Semester/Year*. *University Catalog year* _____ applies for major.

I EXPECT TO COMPLETE THE REQUIREMENTS FOR THE (*Check one*)

A.A. A.S. B.A. B.S. M.A. M.A.T. M.B.A. M.Ed. M.P.A. M.S. M.S.A. Ed.S. Ph.D. Psy.D. Grad. Cert.

DEGREE* IN _____
**May be Graduate Certificate Major/Title Major Code Academic Major Adviser/Off-Campus Site Representative Signature Date*

_____ *Minor/Title Minor Code Academic Minor Adviser Signature Date*

*Student Signature** Date*

****By signing this petition form, I agree to my name, degree awarded and honors information appearing in all public graduation lists.**

In the event my diploma must be mailed to an address different from that shown above, please mail my diploma to:

Street/Apt. No. City State ZIP Country

Check one I will participate in commencement exercises:

at the main campus. **Summer candidates may participate in FALL COMMENCEMENT ONLY.**

at the off-campus site listed at the top of this form.

I will NOT participate in the commencement exercises.

It is the student's responsibility to order regalia directly from the university bookstore located on the Melbourne campus. For additional information, contact the bookstore at (321) 674-8042 or visit <http://fit.bkstore.com>.

GRADUATE STUDENT INFORMATION (Required)

Previous Degree(s):

Undergraduate _____
Name of Degree and Major Name of School, State/Country where earned

Graduate _____
Name of Degree and Major Name of School, State/Country where earned

PAYMENTS

Late Fee _____ Paid-Date _____ Receipt No. _____ Amount _____

Florida Institute of Technology • Office of the Registrar

150 West University Boulevard, Melbourne, FL 32901-6975

Extended Studies Division Students: Contact Your Site Director • Melbourne Campus Students: (321) 674-8116 • Fax (321) 674-7827

RGR-105-611