

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 _____
First Middle Last

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.S. B.A. B.S. E.M.B.A. M.A. M.A.T. M.B.A. M.Ed. M.P.A. M.S. M.S.A. M.S.M. P.M.B.A. Ed.S. Ed.D. Ph.D. Psy.D.

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-077-310