



GRADUATION OFFICE USE ONLY
SHADEGR _____ SHADIPL _____ SHACATT _____

PETITION TO GRADUATE

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

Attach PROGRAM PLAN (graduate) or PROGRAM OF STUDY (doctoral).

CAMPUS _____ STUDENT ID NO. _____ DATE _____

NOTE: Candidate's name will be printed on the diploma as it appears in the Florida Tech academic record.

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 _____ . University Catalog year _____ applies for major.
Fall, Spring, Summer/Year

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

AA AS BA BS EdS MA MAT MBA MEd MPA MS MSA AvD DBA PhD PsyD GCP/UCP*
*Certificate programs do not participate in commencement ceremony.

DEGREE/GCP IN _____
Major/Title Major/GCP Code Academic Major Advisor/Off-Campus Site Representative Signature Date
Minor/Title Minor/UCP Code Academic Minor/Undergraduate Certificate Advisor 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.**

Please mail my diploma to the following address (if different from that shown above):

Street/Apt. No. City State ZIP Country

Degree-seeking candidates only (excluding graduate certificates):

- Check one I will participate in Melbourne campus commencement exercises:
 I will participate 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>.

DOCTORAL STUDENT PREVIOUS DEGREES (Required):

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 Students: Contact Your Site Director ■ Melbourne Campus Students: 321-674-8115 ■ Fax 321-674-7827