

Mid-Atlantic Christian University

Intent to Graduate

Formal Application for Candidacy for Degree/Certificate

Instructions

READ INSTRUCTIONS CAREFULLY:

1. This form is due to the Office of the Registrar by deadlines noted below. Late applications will not be accepted.
2. Please print legibly - use pen.
3. Return this form to the Office of the Registrar (117 Heritage Hall) or fax (252) 334-2071 **with the graduation fee of \$100.00.** The form will not be accepted without this non-refundable fee.
4. Degree will not be conferred unless all degree requirements have been completed by specified commencement dates and all transcripts have been **received by deadlines.**
5. If for some reason you are unable to graduate as planned, inform the Office of the Registrar immediately! A new Intent to Graduate form and fee will be required for your new graduation date.

Identification Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Day time Phone _____ Type: Home Work Cell

Non-MACU Email Address: _____

Graduation

Graduation Date:

Indicate Graduation Date by which you will have completed program/degree requirements.

- December 2019 (application due August 15, 2019)**
- May 2020 (application due December 15, 2019)
- August 2020 (application due March 15, 2020)

Commencement Participation:

MACU holds one commencement ceremony each year in May. This ceremony is intended for graduates from the entire year. **Participation in the commencement ceremony is required for those filing the May Intent to Graduate form.** Only students who participate in the May commencement ceremony are eligible for class honors (e.g. valedictorian, salutatorian).

Students who complete degree requirements and file Intent to Graduate for August or December may receive their diplomas at Commencement in May or during convocation/chapel during the first week of the next semester or through the mail.

Indicate your preference
 Hold my diploma, I **will** participate in Commencement Ceremony.

I **will not** participate in May Commencement ceremony. I prefer:

- Chapel Presentation (dressy attire required)
- Mail diploma (provide mailing address below):
 Street _____
 City _____ State _____ Zip _____

Diploma:

Please list my name and hometown to in the commencement program and on my diploma **exactly as printed** below:

First _____

Middle/Maiden _____

Last _____

Hometown, State _____

Is a part of your name frequently mispronounced? Please spell it below "the way it sounds" for the Commencement announcer.

Name _____

Cap & gown Measurements: If walking in May

Height _____ ft _____ in Weight _____ lbs

Degree/Certificate

School of Undergraduate Studies—Indicate Programs that will be completed at time of graduation: (as applicable)

Bachelor's Degree

- Bachelor of Arts
- Bachelor of Science

Major: (required, select one)

- Biblical Exposition (50 hours)
- Biblical Studies (30 hours)

2nd Major: (required, select one)

- | | |
|--|--|
| <input type="checkbox"/> Applied Linguistics | <input type="checkbox"/> AAS Nursing |
| <input type="checkbox"/> Counseling/Psychology | <input type="checkbox"/> Cross-Cultural Ministry |
| <input type="checkbox"/> General Ministry | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Youth & Family Ministry |
| <input type="checkbox"/> Science Education | <input type="checkbox"/> Biology |

Minor: (if applicable, please circle)

- | | |
|--|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Non Profit Administration |
| <input type="checkbox"/> Cross-cultural Ministry | <input type="checkbox"/> Family Studies |
| <input type="checkbox"/> Military Science | |

Associate's Degree

- Associate of Arts (Biblical Studies)
- Associate of Arts (General Studies)

Certificate

- Certificate Family Life Education
- Professional Christian Ministry

School of Professional Studies—Indicate Programs that will be completed at time of graduation:

- Associate of Arts (Biblical Studies)
- Bachelor of Science - Christian Ministry
- Bachelor of Science - Family Studies
- Bachelor of Science - Business Administration

Advisor Approval:

According to my records, this student will have completed the indicated program(s) and is eligible for graduation on date indicated.

Advisor

Signature: _____ **Date:** _____

Student Signature: By signing this form, I acknowledge that I have read and understand the information contained on this form. All the information I have provided is accurate.

Student Signature _____ Date _____