



Living University

2301 Crown Centre Drive, Suite A
Charlotte, NC 28227-7705

Application for Graduation

This Application for Graduation must be filed at the Registrar's Office by the mid-term point for graduation that semester or summer session. The University graduates students in August, December and May of each year. A single Commencement ceremony is held each year in May. August and December graduates have their completion noted on their transcript and receive a credential in the mail shortly after the graduation date. They are invited to attend the following May/June commencement ceremony. Graduating students must:

1. Complete and sign this Application for Graduation and submit it to the Office of Registrar by the midterm of the semester of graduation.
2. Pay the current graduation fee of \$75.00.
3. All candidates for graduation must be certified by the faculty as having satisfactorily completed all required coursework.

Mark one: I will I will not participate in the commencement ceremony in May

Mark the credential to be awarded:

- | | |
|---|--|
| <input type="checkbox"/> Certificate in Biblical Archaeology | <input type="checkbox"/> Diploma in Biblical Studies |
| <input type="checkbox"/> Certificate in Biblical Studies | <input type="checkbox"/> Associate in Theology |
| <input type="checkbox"/> Certificate in Christian Leadership | <input type="checkbox"/> Bachelor of Theology |
| <input type="checkbox"/> Certificate in Church History | |
| <input type="checkbox"/> Certificate in New Testament Studies | |
| <input type="checkbox"/> Certificate in Old Testament Studies | |

Name: _____ Student ID: _____
Last First Middle

Telephone Number: _____

Please print your name exactly as you wish it to appear in the Commencement program and on your graduation credential. Changes cannot be made after credentials are printed.

I want my name to appear as follows: _____

Graduates are mailed their credentials about 2-4 weeks after the graduation date. Please provide us with a diploma mailing address if different from your current address:

Number and Street City State Zip

I am applying to graduate from LU.

Student's Signature _____ Date _____

Please return to:

Registrar's Office
Living University
2301 Crown Centre Drive, Suite A
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