Reset Print

University of San Diego

Graduation Petition

(*Bachelor Candidate Only*)

ANY CHANGE MADE AFTER MAY 1, IN THE YEAR YOU WILL GRADUATE, WILL NOT BE INCLUDED IN THE COMMENCEMENT PROGRAM.

NAME as registered: _____ USD ID#: _____

Local Mailing Address: USD e-mail: _____

Street: _____ Daytime phone: _____

City: _____ State: _____ Zip: _____

I expect to complete requirements for the degree of (check one) ☐ B.A. ☐ B.Acc. ☐ B.B.A. ☐ B.S./B.A. ☐ B.S.N.

with Major(s) in * _____ Minors (if any) _____
Only Majors and Minors listed in the USD Undergraduate Bulletin can be used.

I expect to receive my degree by (check one) ☐ January 31 ☐ End of Spring Semester ☐ August 31 ___ (Indicate year)**
**** A new petition must be filed if all graduation requirements are not fulfilled within four months of the expected graduation date.**

If you expect to complete your degree during the Summer, please also affirm the following statements: As a potential summer graduate, I agree to complete all degree requirements in which I am pre-registered in USD's Summer Session in order to qualify to participate in the spring graduation ceremony. If I withdraw from my summer courses after having participated in the graduation ceremony, my student account will be charged a forfeit fee equal to 100% of the tuition charges for the summer courses for which I am enrolled.

Signature: _____ Date: _____

DIPLOMA NAME: Print your legal name exactly as you wish it to appear on your diploma. Include as much of your name as you wish. Designate upper and lower case, diacritical marks, abbreviations, and spaces. Prefixes and suffixes will NOT be printed, except in the case of Jr., III, etc.

Mailing Address for diploma:
Please do not use a (PO) Post Office Box.

Street: _____

City: _____

State: _____ Zip: _____

I (check one) ☐ will ☐ will not attend the commencement ceremony.

Only if "will not" is checked, answer the following:
I (check one) ☐ do ☐ do not want my name to appear on the commencement program.

I have read my Degree Audit Report (DARS) and agree that it is accurate. I understand my responsibility to complete all degree requirements, as published in the USD Undergraduate Bulletin.

Student Signature: _____ Date: _____

☐ **I have read the student's degree audit (DARS) and agree that it is accurate to the best of my knowledge [or]** ☐ **See attached corrections.**

Advisor's signature (required): _____ Date: _____

Major Department Chair's signature (required): _____ Date: _____

*If more than one major is listed, each Department Chair must sign. If you change your major, you must file a new petition.
An e-mail from the Registrar's Office will be sent to your USD e-mail address notifying you of your graduation status.