## 2016 DEGREE APPLICATION

Office of the Registrar Kean University Union, New Jersey 07083

Today's Date\_\_\_\_\_ Kean University ID# Please print your name as it should appear on your diploma. Name First Middle or Maiden Diploma Mailing Address\_\_\_\_\_ Home phone\_\_\_ Street City State Zip Cell Phone\_\_\_\_\_ Business Phone\_\_ I, the undersigned student, herewith petition the faculty of Kean University to award the: ☐ B.A. Degree ☐ B.S. Degree ☐ B.S.W. Degree ☐ B.S.N. Degree ☐ B.F.A. Degree ☐ B.I.D. ☐ Second Degree First Major Second Major Collateral Program(s) Minor Programs Content Area ( Early Childhood Education, Elementary Education K-5, Elementary BilingualK-5 & Special EducationK-5 only) ☐ January ☐ May ☐ August Year (Subjects)\_\_\_\_\_ I do □ plan to file for certification to teach: For application instructions and deadlines go to: www.kean.edu/graduation\_application.html Present cumulative average: Office Use Only I. D. No. CREDITS COMPLETED TO DATE: Transfer Credits\_\_\_\_\_ College Transfer Credits\_\_\_\_\_ College Kean University TOTAL CREDITS TO DATE (Transfer and Kean University) **CURRENT SEMESTER: Courses in Progress** Course Number Title SUMMER SESSION I \_\_\_ SUMMER SESSION II\_\_\_\_\_ **FINAL SEMESTER: Courses Projected** Course Number Title **TOTAL CREDITS for Senior Year** TOTAL CREDITS you will have completed for Graduation APPL. RCD BY:\_\_\_ DATE Student's Signature FEE RCPT. / ATTACH: O