

DEGREE APPLICATION

Office of the Registrar
Kean University
Union or Kean Ocean County College, New Jersey

Please print your name as it should appear on your diploma.

Kean University ID# _____

Name _____

First Middle or Maiden Last

Diploma Mailing Address _____
Street City State Zip

Home phone _____ 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.N. Degree B.F.A. Degree B.I.D. Second Degree

1. _____ 2. _____
First Major Second Major
3. _____ 4. _____
Collateral Program(s) Minor Programs
5. _____
Content Area (For Education majors only. See advisor in your major department)

For: January May August Year
I do plan to file for certification to teach: (Subjects)

Office Use Only
I. D. No.
APPL. RCD BY: DATE
FEE RCPT. / ATTACH: Y N
www.kean.edu/graduation_application.html

Present cumulative average: _____

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

Table with 2 columns: Course Number, Title

SUMMER SESSION I _____

SUMMER SESSION II _____

FINAL SEMESTER: Courses Projected

Table with 2 columns: Course Number, Title

TOTAL CREDITS for Senior Year +
TOTAL CREDITS you will have completed for Graduation =

Student's Signature: _____ Today's Date _____