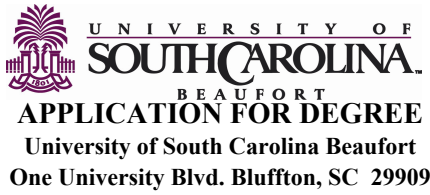


Degree Completion Term:

Spring 20 _____
Summer 20 _____
Fall 20 _____



***All communications regarding Commencement at USCB will be via your university email account.**

****Official Name of Record must be used. To change your Name of Record, you must complete the Change of Name form with the Office of the Registrar.**

Student VIP ID: _____

Student **USCB** Email* _____

Student Personal Email _____

First Name** _____ Middle Name** _____

Last Name** _____ Name Suffix (Jr. III, etc): _____

Local Address:

Street Address _____
Street Address _____
City _____ State _____
Zip Code _____ Phone # _____

Forwarding Address: Alumni information will be sent to this address

Street Address _____
Street Address _____
City _____ State _____
Zip Code _____ Phone # _____

Campus/Degree/Major:

USC Beaufort (621) Degree Name: _____
Major Name: _____
Concentration: _____
Minor: _____

No, I will **not** attend **any** of the commencement exercises Yes, I will attend the Fall commencement exercises at **USC Columbia**

Yes, I will attend the **Spring** commencement exercises at **USCB.** (Summer and Fall graduates only)

I would like my name included in the Commencement Program: Yes No

I would like my name released to local area newspapers for the USCB ceremony: Yes No

Review your academic record and list **all** courses required to complete your degree which still need to be completed, including any incompletes and courses in-progress.

Course Dept:		Number:		Credit:		Course Dept:		Number:		Credit:	
Course Dept:		Number:		Credit:		Course Dept:		Number:		Credit:	
Course Dept:		Number:		Credit:		Course Dept:		Number:		Credit:	
Course Dept:		Number:		Credit:		Course Dept:		Number:		Credit:	
Course Dept:		Number:		Credit:		Course Dept:		Number:		Credit:	

Yes, I have taken the exit survey: <https://www.surveymonkey.com/r/Q3QKRL>

Yes, my advisor has signed off on my degree audit

NOTE: Degree Applications are incomplete until the exit survey has been completed and your advisor has signed off on a degree audit.

Student Signature: _____

Date: _____

Approved: _____
EVCAA or Registrar

Disapproved: _____
EVCAA or Registrar