

RADFORD UNIVERSITY

GRADUATION PLANNING WORKSHEET

CHOOSE LAST TERM YOU WILL BE ENROLLED IN CLASSES or FINISHING INTERNSHIPS

Term:

Graduation Year: 20

Do you intend to participate in the commencement exercise?

Yes No

Which ceremony will you attend (No Summer ceremony available)?

Fall Spring

STUDENT ID #:

E-mail:

@radford.edu

Type name as it is to appear on your diploma.

First Name:

Middle Name:

Last Name:

Suffix (optional):

ADDRESS: Your diploma will be mailed to your **permanent address (not mailing or domicile address)** on file with the University. Please be sure to update your permanent address in the Personal Information portlet in the MyRU portal. Contact the Registrar's Office if you need assistance.

HOMETOWN (as you wish it to appear in the Commencement Program):

City:

State:

Phone:

Country (if different than USA):

COLLEGE:

DEGREE TYPE:

MAJOR:

2ND MAJOR:

1ST MAJOR CONCENTRATION:

2ND MAJOR CONCENTRATION:

MINOR(S):

Current Schedule

Dept. (Ex: MGNT)	Course # (Ex: 322)	Hours (Ex: 3)

Remaining Courses

Dept. (Ex: MGNT)	Course # (Ex: 322)	Term (Ex: Fall, Spring, Etc)	Hours (Ex: 3)

Student Signature: _____

Date: _____