



INSTRUCTIONS: Fill out the form legibly and completely. Submit the form with the payment of \$350.00 graduation fee (\$100.00 for Accounting Certificate Program students) in person at PSU campus or email to studentservices@psuca.edu.

Student Information (All required - Please print clearly)	
PSU Student ID	Date of Birth (mm/dd/yyyy)
Full Name (Last, First Middle)	
Telephone	E-mail Address (PSU email)
Degree	Major

Diploma and Graduation Information	
Your name to be printed on the diploma	
Last Name:	First Name: Middle Name:
Your Last Quarter	Year
Will you be attending the Commencement Ceremony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which year?

Plans After Graduation – Are you returning to your home country?			
If yes, please fill out the below section		If no, please fill out the below section	
Permanent (Home Country) Address – Street Line 1		USA Mailing Address – Street Line 1	
Line 2		Line 2	
City	State	City	State
ZIP/Postal Code	Country	ZIP/Postal Code	Country
Telephone	What is your plan after graduating?		
E-mail Address (Personal Email)			

Graduate Acknowledgement: I am aware that I must complete all degree requirements and complete all classes in which I am presently enrolled that are required for graduation, and that my financial obligation must be paid in full in order to receive my diploma. I will report my employment information to Career Services upon placement after graduating. If I am participating in OPT, I understand that that PSU will continue to communicate with me using my PSU assigned email until the completion of my OPT.

Student's Signature Required (Digital or electronic signature is not accepted) X	Date Signed (mm/dd/yyyy)
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OFFICE USE ONLY				
Amount Paid	Finance Office Clearance	Registrar Clearance	Department Chair Recommendation for Honors <input type="checkbox"/> Yes <input type="checkbox"/> No	Academic Dean <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Receipt No.	Clearance Date	Clearance Date	Department Chair Signature	Dean's Signature
Received Date	Library Clearance	Career Services Clearance	Date Signed	Date Signed
Received by	Clearance Date	Clearance Date	Remarks	

PICK-UP USE ONLY		
Transcript & Diploma Received By (Print Name)	Recipient's Signature	Date Signed