

# METROPOLITAN COLLEGE APPLICATION FOR UNDERGRADUATE GRADUATION

This form must be completed as a prerequisite for graduation when you are within 8 courses of graduation. **Return to: Boston University, Metropolitan College, Office of Undergraduate Student Services, 755 Commonwealth Ave, Room 102, Boston, MA 02215. Fax: 617-353-4190.** Every student is responsible for ensuring that all degree requirements have been met. Once you have been formally listed as a "tentative" graduate, you will receive an email from the registrar requesting confirmation. You must answer the email to insure your name is properly printed on your diploma.

TODAY'S DATE: \_\_\_\_\_ BU ID # (or Social Security #): \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

ANTICIPATED GRADUATION DATE: <i>Indicate one graduation month/year</i>	<i>When you expect ALL program requirements to be successfully completed Your graduation date occurs only after all requirements are satisfied.</i>
	<input type="checkbox"/> January 20 ____ ____ <input type="checkbox"/> May 20 ____ ____ <input type="checkbox"/> September 20 ____ ____

**University and College commencement ceremonies take place in May only. Students with 16 or fewer credits to complete for graduation are invited to participate in commencement, whether or not they are expected to graduate in May.**

MAJOR: \_\_\_\_\_ CONCENTRATION (if management studies): \_\_\_\_\_

MINOR: \_\_\_\_\_ CERTIFICATE: \_\_\_\_\_

**Main Campus Students:** Once we have reviewed your application, you will be contacted to schedule a "graduation appointment" with your academic counselor to discuss the results of the graduation review and to sign it. Please allow at least three weeks between submission of the graduation application and the graduation appointment.

**Online Students:** Once we have reviewed your application, you will be contacted by your academic counselor to discuss the results of the graduation review.

If, after your graduation appointment, your expected *graduation date changes* please *contact your academic counselor.*

ADDRESS: Please make sure your address is up to date on the student link ([www.bu.edu/link](http://www.bu.edu/link))

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ TIME ZONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_