

## **NAVAJO TECHNICAL UNIVERSITY**

ESTABLISHED 1979

## OFFICE OF THE REGISTRAR PETITION TO GRADUATE

I am requesting that the Registrar's Office review my academic record to determine whether I am eligible to graduate.

(PLEASE PRINT CLEARLY)						
YOUR NAME PRINTI	ED on Degree:(Your n	ame will be printed on degree as	such will ha	ve to pay for re	print for mistakes)	
ADDRESS:(Degree will be sent to this address from company)		EMAIL Address:		(Copy of deg	(Copy of degree sent to this email)	
				DOB:		
m.n.m.n.m.		L.M.H.M.H.A	<del></del>	·. <del></del>		
I am applying to Graduate in (check one):		November 2020	<b>May 2021</b>			
(Check one):	Bachelors	Associate	Certi	ficate		
Degree in:	Progra	am Name				
Are any credits from prior college/university transferred towards this degree? A Copy of the Official Transcript must be on file at Registration Office.				YES	NO	
Did you have any course substitution forms approved (please attach a copy)?			opy)?	YES	NO	
Will you be participating in the graduation ceremony?				YES	NO	
ATTACH A COPY	Y OF THE DEGREE O	R CERTIFICATE C	<mark>HECK I</mark>	LIST WIT	H SIGNATURES	
		. – – – –				
•	ition with my advisor and	-				
Student's Signature:				Date:		
Faculty Advisor's Approval:			Date:			
Cap and Gown Orders	: Please fill out the require	ed sizes for the gradua	ntion rega	ılia.		
Height:	ght: Weight: P			e Number:		
Clans and Towns for intr	oductions during Graduat	tion Ceremonies:				
Your Clan:	Bor	n for Clan:				
What City/Town are you	from?					

This form must be signed by the graduation candidate and advisor and submitted to the Office of the Registrar.

DEADLINE: August 28, 2020 for Fall Commencement and February 26, 2021 for Spring Commencement