



**Wayland Baptist University**  
 Amarillo Campus  
 4530 Canyon Drive  
 Amarillo, TX 79109  
 806-352-5207 806-468-9253 FAX

## Application for Graduation BSOE/BAS/BCM

I hereby make application for the BSOE BCM BAS Degree from Wayland Baptist University.  
 I will complete all required courses by (month) \_\_\_\_\_ (year) \_\_\_\_\_ at the \_\_\_\_\_ Campus.  
 I am providing the following information to process my application: **(Please print clearly)**

I want my name <b>PRINTED ON MY DIPLOMA</b> as _____  My hometown for the graduation program is _____  Social Security Number / Power Campus Number _____  Current Mailing Address _____  Current Phone Numbers _____ E-mail Address _____ Permanent Address _____  For Graduation Gown Sizing > _____  Optional Instructions to Campus for Diploma _____	_____ _____ SS# _____ PC# _____ _____ Street , Number, or PO Box _____ _____ City _____ State _____ Zip Code _____ _____ (Home) _____ (Work) _____ _____ _____ Street , Number, or PO Box _____ _____ City _____ State _____ Zip Code _____ Height: Feet: _____ Inches: _____ Weight: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Hold Diploma at Campus    Mail to: <input type="checkbox"/> Permanent Address <input type="checkbox"/> Current address
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**Please check the appropriate boxes:**  
 I am Applying for the \_\_\_\_\_ Campus graduation date in \_\_\_\_\_ (Month) \_\_\_\_\_  
 I am Re-applying for the \_\_\_\_\_ Campus graduation date in \_\_\_\_\_ (Month) \_\_\_\_\_  
 I have enclosed my payment for the application fee in the amount of  \$75     \$105     \$50 (See Payment Schedule Below)  
 I will  I will not  be attending the graduation ceremony scheduled for \_\_\_\_\_ in \_\_\_\_\_  
Campus Month

**My signature below verifies that I understand if for some reason I fail to complete all requirements for graduation for the period selected above, I will have to submit a RE-APPLICATION for graduation and pay a re-application fee of \$50.00 for each diploma requested. I further understand that I am responsible to ensure that all non-Wayland credits must be on file in the BAS/BSOE/BCM Records Office, Plainview, Texas, no later than six (6) weeks prior to the scheduled graduation date.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Graduation Fee Paid \$75 <input type="checkbox"/> \$105 <input type="checkbox"/> \$50 <input type="checkbox"/> (date) _____ All Obligations arranged (date) _____ Diploma Granted (date) _____	Business Office _____ Business Office _____ Registrar _____ Major _____
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<b>Graduation Application Fees</b>	1. First Diploma - \$75 3. Re-application Fee - \$50 Each Diploma	2. Both Diplomas (AAS and BSOE/BAS) \$105 4. 2 <sup>nd</sup> Diploma after receiving a WBU BSOE/BAS - \$50
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