



UNIVERSITY OF WASHINGTON
APPLICATION FOR BACHELOR'S DEGREE
 GRADUATION AND ACADEMIC RECORDS

Name	LAST	FIRST	MIDDLE	Student Number
Degree Sought <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Other: _____				
Major			Minor	College/School
Anticipated date of graduation _____ MONTH / YEAR				

- Check if double Major
- Check if double Degree
- Check if Postbaccalaureate

NOTE: To change your graduation date, notify the Graduation and Academic Records Office and your adviser no later than the third Friday of the quarter in which you wish to graduate.

REMAINING REQUIRED CREDITS	TOTAL CREDITS FOR DEGREE	FOR OFFICE USE ONLY																																												
List only requirements not yet completed as of date application is submitted to GARS.	Credits earned to Date	T2 _____ T4 _____ Ext/Ind _____ UW _____ TOTAL _____ IP _____ TOTAL _____																																												
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Adviser's Remarks

GARS Remarks

Date received by GARS

APPROVAL OF APPLICATION	
ADDRESS INFORMATION The Graduation and Academic Records Office will contact you regarding your graduation application. It is your responsibility to update your local and permanent addresses on MyUW and check your email regularly.	
I approve the application:	
_____ Student signature	_____ Date
_____ Signature of major adviser	_____ Date
_____ Signature of Registrar (Tacoma and Bothell only)	_____ Date
_____ Signature of Graduation Specialist	_____ Date