

Valparaiso University

FORMAL APPLICATION FOR A DEGREE

College of Business Administration

ID # _____

Date _____

PRINT FULL NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA

First Name

Middle Name

Last Name

Valparaiso Address _____ Phone _____

Home Address _____ Home Phone _____

E-mail Address _____

Expected Date of Graduation: May _____ August _____ December _____

Adviser's Name _____ Indicate year of University catalog which lists the graduation requirements that you expect to fulfill (any year of residence): _____

CHECK ONE DEGREE:

_____ **BACHELOR OF SCIENCE IN ACCOUNTING** (150 credit hours)

Major: Accounting

Second major if applicable: _____

Minor(s) if applicable: _____

_____ **BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION**

Major: Check one of the following options:

_____ Accounting

_____ Decision Science

_____ Finance

_____ International Business

_____ Management

_____ Marketing

Second major if applicable: _____

Minor(s) if applicable: _____

Student's Signature: _____ Date: _____

RETURN COMPLETED FORM TO REGISTRAR'S OFFICE

DEADLINE: October 1 for May, August graduation; April 1 for December graduation.

Dean's Signature required for LATE application: _____ Date: _____