



Graduation Application

_____ Date of Application

I hereby make application for graduation from The Baptist College of Florida at the end of _____ semester (fall/spring) _____ (year). I wish to receive the degree(s) checked below (check two if you will earn two degrees).

- | | |
|--|--|
| <input type="checkbox"/> MASTER OF ARTS (Christian Studies) | <input type="checkbox"/> BACHELOR OF ARTS (Music) |
| <input type="checkbox"/> MASTER OF ARTS (Music and Worship Leadership) | <input type="checkbox"/> BACHELOR OF ARTS (Psychology) |
| <input type="checkbox"/> BACHELOR OF ARTS (Biblical Studies) | <input type="checkbox"/> BACHELOR OF MUSIC EDUCATION: Choral |
| <input type="checkbox"/> BACHELOR OF ARTS (Business Leadership) | <input type="checkbox"/> BACHELOR OF MUSIC EDUCATION: Instrumental |
| <input type="checkbox"/> BACHELOR OF ARTS (Christian Studies) | <input type="checkbox"/> BACHELOR OF MUSIC (Contemporary Worship Ministry) |
| <input type="checkbox"/> BACHELOR OF ARTS (Elementary Education) | <input type="checkbox"/> ASSOCIATE OF ARTS (Christian Education) |
| <input type="checkbox"/> BACHELOR OF ARTS (English) | <input type="checkbox"/> ASSOCIATE OF ARTS (Music) |
| <input type="checkbox"/> BACHELOR OF ARTS (English Secondary Education) | <input type="checkbox"/> ASSOCIATE OF DIVINITY |
| <input type="checkbox"/> BACHELOR OF ARTS (History and Social Studies) | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> BACHELOR OF ARTS (History and Social Studies Secondary Education) | |
| <input type="checkbox"/> BACHELOR OF ARTS (Leadership and Christian Education) | |
| <input type="checkbox"/> BACHELOR OF ARTS (Ministry) | |
| <input type="checkbox"/> BACHELOR OF ARTS (Ministry Studies) | |
| <input type="checkbox"/> BACHELOR OF ARTS (Missions) | |
| <input type="checkbox"/> BACHELOR OF ARTS (Missions with a Concentration in Aviation) | |

I will settle my financial accounts with the College before graduation in a manner acceptable to the College. I hereby authorize the College to process my graduation application and to charge (during the semester I graduate) the \$100 graduation fee to my account. **THE GRADUATION FEE IS NON-REFUNDABLE.**

I desire my name to appear on the diploma as follows:

(Please Print)

Applicant's Signature

Student ID Number

Registrar's Signature

Date

SEE STEPHANIE ORR FOR CAP/GOWN MEASUREMENTS

My height is ____ feet and ____ inches; my weight is _____ pounds;
My cap size is _____ inches. My chest size is _____ inches.

If you are unable to see Mrs. Stephanie Orr for measurements, please note these helpful hints for making your own measurements:

Cap Size: Use a measuring tape and measure around the top of your head, horizontally (where you would wear a ball cap).

Chest Size: Measure underneath your arms all the way around your chest and back, horizontally.