GRADUATION OFFICE USE ONLY
SHADEGR_____ SHADIPL_____ SHACATT_____

Florida Institute of Technology

PETITION TO GRADUATE

Attach FLOW CHART (undergraduate), PROGRAM PLAN (graduate) or PROGRAM OF STUDY (doctoral).

☐ FIRST PETITION ☐ RE-PETITION (originally petitioned for _____ term)

CAMPUS _____ STUDENT ID NO. _____ DATE _____

Name below MUST appear as listed in Florida Tech student database. *NOTE: Candidate's name will be printed on the diploma as it appears in the Florida Tech student database.*

NAME _____
Type/Print Clearly *First* *Middle* *Last*

MAILING ADDRESS _____
Street/Apt. No. *City* *State* *ZIP*

LOCAL TELEPHONE_____ HOME TELEPHONE _____ WORK TELEPHONE _____

I AM PETITIONING FOR GRADUATION AT THE END OF _____.
Semester/Year

I EXPECT TO COMPLETE THE REQUIREMENTS FOR THE *Check one*

☐ A.S. ☐ B.A. ☐ B.S. ☐ E.M.B.A ☐ M.A. ☐ M.A.T. ☐ M.B.A. ☐ M.Ed. ☐ M.P.A. ☐ M.S. ☐ M.S.A. ☐ M.S.M. ☐ P.M.B.A. ☐ Ed.S. ☐ Ed.D. ☐ Ph.D. ☐ Psy.D.

DEGREE IN _____ _____.
Major/Title *Major Code*

_____ _____. *University Catalog* _____ applies for major.
Minor/Title *Minor Code* *Year*

_____ _____
Student Signature *Date* *Academic Adviser/Off-Campus Site Representative Signature* *Date*

By signing this petition form, I agree to my name, degree awarded and honors information appearing in all public graduation lists.

In the event my diploma must be mailed, please use the following address:

_____
Street/Apt. No. *City* *State* *ZIP* *Country*

Florida Tech offers certificates called "Pushing Honey Thru" to the spouses of our graduates. If you would like one, please print the name of your spouse below:

_____

Check one ☐ I will participate in commencement exercises:
☐ at the main campus. **Summer candidates may participate in FALL COMMENCEMENT ONLY.**
☐ at the off-campus site listed at the top of this form.
☐ I will NOT participate in the commencement exercises.

It is the student's responsibility to order regalia directly from the university bookstore located on the Melbourne campus. For additional information, contact the bookstore at (321) 674-8042 or visit www.bkstore.com/fit.

INFORMATION PERTAINING TO GRADUATE STUDENTS ONLY

Previous Degree(s):

Undergraduate _____ _____
Name of Degree and Major *Name of School, State/Country where Earned*

Graduate _____ _____
Name of Degree and Major *Name of School, State/Country where Earned*

PAYMENTS

1. Thesis/Dissertation, Binding	Paid-Date _____	Receipt No. _____	Amount _____
2. Dissertation, Microfilming	Paid-Date _____	Receipt No. _____	Amount _____
3. Late Fee	Paid-Date _____	Receipt No. _____	Amount _____

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