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**GRADUATION FORM**

STUDENT INFORMATION		
First name:	Middle name:	Last name:
Student ID number:	Mobile:	E-mail:
Faculty:		Campus:

I hereby apply for graduation for the ____/____ academic year.
I have completed ____ credits.
I have registered at Antonine University for ____ consecutive years.
I will complete my last course in my program in <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer of the academic year ____/____
I acknowledge my responsibility, to ensure, that I will have completed ALL graduation requirements, by the time of graduation.

As a student I need to note the following: I understand that participation in the commencement ceremony does not mean that I have graduated. I understand that I am obligated to complete all graduation requirements before my degree is awarded.	
Signature of Student:	Date: ____/____/____

If you encounter problems when you apply or if you have questions about your graduation application, please send an email to [graduation@ua.edu.lb](mailto:graduation@ua.edu.lb)