Office of the Registrar
1269 Barclay Circle, Marietta, GA 30060
(770)426-2780 Office (770)426-2872 Fax

Graduation Petition

Congratulations on your pending graduation! As part of the process for graduation you must submit this petition request and complete an official review of your academic record.

Deadlines for petitioning to graduate, which includes an Academic Record Review, are published in the current Academic Quarterly.

It is recommended you meet with an advisor to confirm that you will satisfy all graduation requirements for your program of study before you petition for graduation. Before completing the petition, please refer to the graduation section of the current Life University catalog for graduation requirements. The mailing of diplomas takes 12 weeks after your degree has been conferred.

Name: _____ _____ _____
First Middle Last
Please print your name clearly as you would like it to appear on your diploma and the commencement program

Country of Citizenship: (If USA indicate home state):_____**Student ID:** _____
Home State or Country will be printed beside your name in the graduation program

Student Email: _____ **Phone/Cell:** _____

Current Student Address:
_____

City: _____ **State:** _____**Zip Code:** _____ **Country:** _____

Post-Graduation Address, for diploma delivery:_____
(If different from above)
City: _____**State:** _____**Zip Code:** _____ **Country:** _____

Expected Graduation Date: March 20_____ June 20_____ September 20_____ December 20_____

Certificate
____Certificate Coaching Psychology

Associate's Degree
____A.S. Computer Information Management ____A.S. Coaching Psychology

Bachelor's Degree
____B.S. General Studies ____B.S. Psychology ____B.S. Exercise Science
____B.S. Computer Information Management ____B.S. Biology ____B.S. Dietetics
____B.B.A. Management ____B.S. Biopsychology ____B.S. Nutrition ____B.S. Health Coaching

Master's Degree
____M.S. Clinical Nutrition ____Athletic Training
____M.S. Sport Health Science: ___Exercise Sports Science ___Nutrition and Sport Science ___Sport Injury Management
____Sport Coaching ____Chiropractic Sport Science ____Positive Psychology

Professional Degree
____ D.C. Doctor of Chiropractic

I, _____, Do _____ Do Not _____ plan to participate in the ceremony for:

March Graduation _____ June Graduation _____ September Graduation _____ December Graduation _____

I hereby petition for the degree indicated above and certify that all of the information I provided above is true and correct, I understand that if I do not complete the requirements as discussed and documented in my academic record review, I will need to re-petition for graduation for the next quarter.

Signature: _____ **Date:** _____

For Office Use Only
The UG GPA calculated at _____ meets the criteria required for honors _____Cum Laude (3.25-3.49) _____Magna Cum Laude (3.50-3.74) _____ Summa Cum Laude(3.75-4.00)
The DC GPA calculated at _____ meets the criteria required for honors _____Cum Laude (3.25-3.49) _____Magna Cum Laude (3.50-3.74) _____ Summa cum Laude (3.75-4.00)
Reserved Academic Apparel Yes _____ No _____ Undergraduate _____ Masters _____ Professional _____ Height _____ Weight _____
Commencement Ceremony March _____June _____September _____December_____