



**INTER AMERICAN UNIVERSITY OF PUERTO RICO
METRO CAMPUS
APPLICATION FOR GRADUATION
ASSOCIATE, BACHELOR, CERTIFICATE**

FILL OUT THE ENTIRE APPLICATION IN PRINT AND SIGN AT THE BOTTOM. PAY THE CORRESPONDENCE FEE (\$100) AT THE BURSAR'S OFFICE AND RETURN TO THE REGISTRARS OFFICE. ONLINE STUDENT SEND APPLICATION TO: eimorales@metro.inter.edu.

Diploma: Spanish or English (since May 2004)

Name complete: _____
As in University records

Student Number: _____ Telephone: _____
 Postal Address: _____ E-mail: _____
 _____ Concentration: _____
 _____ Minor: _____

DEGREE CANDIDATE:

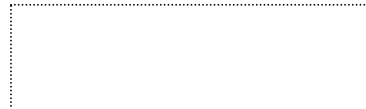
- | | |
|---|--|
| <input type="checkbox"/> Post-Secondary Certificate | <input type="checkbox"/> Bachelor of Arts (BA) |
| <input type="checkbox"/> Associate (A) | <input type="checkbox"/> Bachelor of Business Administration (BBA) |
| <input type="checkbox"/> Associate of Arts (AA) | <input type="checkbox"/> Bachelor of Science (BS) |
| <input type="checkbox"/> Associate of Applied Science (AAS) | <input type="checkbox"/> Bachelor of Science in Nursing (BSN) |
| | <input type="checkbox"/> Certificate in Medical Technology (PCT) |

I WILL COMPLETE ALL GRADUATION REQUIREMENTS ON (YEAR) _____ FOR: Trimester: _____
 Semester: _____ Bimester: _____ Summer: _____

NOTE: The payment of graduation fee of any kind, the listing of the student as a candidate for graduation in any document and/or invitation either to the graduation ceremonies or to any other activity related to graduation exercises shall not be interpreted as an offer to graduate nor a covenant to that effect, until the Registrar certifies that the student comply with all the degree requirements. Only the completion of all requirements listed in the catalog or in any other official University directive entitles a student to graduation irrespective of any representation of any kind made by any official of this University.

Student Signature: _____ Date: _____

PAYMENT SEAL



FOR OFFICE USE ONLY

TERM OF ADMISSION	TERM OF GRADUATION	CODE OF PROGRAM	ENTRY DATE SYSTEM

TECHNICIEN: _____

GRADUATION YEAR CATALOGUE: _____

CREDITS TRANSFERRED: _____

CREDITS APPROVED UIAPR: _____

GENERAL AVERAGE: _____

MAJOR AVERAGE: _____

MINOR: _____

GPA: _____

DEGREE OBTAINED: _____

DATE: _____

HONOR: _____

SIGNATURE OF EVALUATOR: _____

DATE: _____