



Application for Dentistry Degree

The University of Utah

Office of the Registrar • 201 S 1460 E RM 250 N • Salt Lake City UT 84112 •

801-581-7852 • fax 801-585-7860 • graduation@utah.edu • Student Services Bldg, Window 15

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Graduation
Division Use
Only

Last

First

Middle

ID #

Double Major

Instructions: Complete this form and submit it to the Registrar's Office, Graduation Division.

Deadlines to apply are as follows:

Spring (May) - November 1st Summer (August) - April 1st Fall (December) - July 1st

Candidate/Degree Information:

Student I.D. _____

Student Name _____

Please indicate special characters, capitalization, or accent marks to include on your diploma name. The name on your diploma will match your name on university records. Official changes may be made through the Registrar's Office, Registration Division.

Expected Graduation Term and Year (e.g. Fall 2019) _____

Check the box below if the following applies:

I have previously applied for graduation. Previous semester _____

Declaration: I understand that all requirements should be completed prior to the conferral date, that my degree will not be posted until the Registrar's Office certifies completion of all requirements, which may take 4-8 weeks beyond the conferral date, and that my diploma will be mailed to the mailing address current on CIS at the time of diploma ordering after my degree is posted. I further understand that if I do not graduate as expected I will need to submit a new application.

Student Signature _____ Date _____

FOR REGISTRAR'S OFFICE USE ONLY

Entered: _____ Posted: _____

Notes: _____