


BLUEFIELD UNIVERSITY
Request for Early Degree Conferral

Student Name: _____

Student ID: _____ Date: _____

Reason for Request *(completed by student):*

Student Signature: _____

Documents Required for evaluation *(compiled by Registrar's Office):*

- Graduation Application (submitted by student)
- Graduation Evaluation
- Unofficial BU Transcript
- Advising Worksheet

Signatures:

VP of AA/Provost: _____ Date: _____

Conferral Committee Member: _____ Date: _____

Registrar Office Use

Degree Conferred on: _____

Signature: _____ Date: _____