



Reapplication to Graduate

Student ID: _____ Name on Diploma: _____

Graduation Year: _____ Undergraduate Degree Undergraduate Certificate
Spring Summer Fall Graduate Degree Graduate Certificate Professional Masters Certificate

Degree: _____

Undergraduate Applicants: Major(s): _____ Minor(s): _____

Yes, I authorize the University of Arkansas to print my name and degree on the Senior Walk and in the commencement programs.

No, I **DO NOT** authorize the University of Arkansas to print my name and degree on the Senior Walk and in the commencement programs.

Senior Walk Name: _____ *22 Characters permitted for your name on Senior Walk. Degrees beyond undergraduate, will be added. No Changes Permitted After Graduation.*

Diploma Mailing Address:

Address: _____

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

Any change in your diploma mailing address must be sent to the Office of the Registrar.

Are you or have you ever served in the US Armed Forces? Yes No Will you be participating in commencement?
Yes No

Commencement Name: _____ If yes, please indicate the ceremony you will be walking in: Spring Fall

Term deadlines to apply for graduation:
Spring - March 1st; Summer - July 1st; Fall - October 1st.

There is no fee to reapply for graduation.

Students applying for certificates will not be included in commencement or on Senior Walk.

Please submit your completed reapplication by:

**Email: registra@uark.edu
or Mail: Office of the Registrar
141 Uptown East
1 University of Arkansas
Fayetteville, AR 72701**

- All University Ceremony(Graduate School)
- Dale Bumpers College of Agriculture, Food & Life Sciences
- Fay Jones School of Architecture & Design
- College of Education & Health Professions
- College of Engineering
- Sam M. Walton College of Business
- J. William Fulbright College of Arts & Sciences
- School of Law

Post-Graduation Phone Number: _____ Post-Graduation Email address: _____

I confirm I have previously applied to graduate but wish to change my graduation term and year.

Signature: _____ **Date:** _____

*This form must be printed and physically signed. Electronic signatures will **not** be accepted.*