

GRADUATION & COMMENCEMENT INFORMATION

Print your full legal name (no abbreviations): _____
First Middle Last, including suffix (Jr., II, etc.)

Permanent mailing address: _____
Street Address Apt. # Complete Phone Number

Address begins: ____/____/____

City State ZIP Code Foreign Country

Diploma mailing address: mail to permanent address mail to address provided below
 (Complete only if diploma is to be mailed to other than permanent address)

Street Address Apt. #

City State ZIP Code Foreign Country

Directory Information: If you had previously requested that your Directory Information be restricted, it will remain restricted, even after graduation, and will not be printed on the Commencement program. If you want to change this, you must complete and submit to the Registrar's Office a Request to Classify as Directory Info form.

List any transfer courses required for graduation which are still needed or currently in progress but are not registered for in the normal Fall/Spring semester. *All requirements for graduation, including Columbia Extension (IDL) and transfer courses taken at other schools, must be finished prior to your graduation date. Please finish extension courses 1 week before graduation to allow time for grading. Official transcripts must be received by the CIU Records Office in order to transfer credit from another institution.*

Course Number & Title	Credits	School Where Completing	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____

Your diploma will not be mailed until all financial obligations are clear. Will all financial obligations (loans, library fines, parking fees, etc.) be cleared with all departments of the school by the date of graduation? Yes No

I am a December graduate and will participate in the December Commencement: Yes No

Or

I am a May or August graduate and will participate in the May Commencement: Yes No

Undergraduate graduates enrolled at CIU during their final Semester are required to participate in the Commencement ceremony. If you are an Undergraduate student and are not participating in the Commencement ceremony, you **must** submit an Academic Petition to the Undergraduate Dean.

If you have need of special accommodations due to any physical disabilities or limitations which need to be taken into consideration during the Commencement ceremony, please notify the Registrar's Office.

Indicate your primary, long-range vocational goal by placing a check mark in ONE AND ONLY ONE of the following 6 boxes:

	YES	Considering
Cross-cultural ministry outside home country	<input type="checkbox"/>	<input type="checkbox"/>
Ministry in your home country	<input type="checkbox"/>	<input type="checkbox"/>
Marketplace Ministry	<input type="checkbox"/>	<input type="checkbox"/>
(i.e. Vocation other than professional church or mission ministry)		

Indicate your home town: _____
City State ZIP Code Foreign Country

GOVERNMENT REPORT

The following is required for a government report; however, the information is not given in any personally identifiable form.

Are you of Hispanic/Latino origin? Yes No

Please select one or more of the following that apply for your race/ethnicity:

- American Indian or Alaska Native Black or African American
 Asian White
 Native Hawaiian or Other Pacific Islander

Gender: Male Female Country of Citizenship: _____

I am not a citizen of the USA and hold: Student Visa Permanent Resident or immigrant visa
 Other (specify): _____

ALUMNI ASSOCIATION INFORMATION

Degree/Certificate applied for (check one):

- Certificate: Bible Certif (UNDG) Certif in Biblical Studies (SEM) Biblical Ministry Certif (SEM) TEFL Cert
Degree: AA BS BA (requires two semesters of study in ASL or a biblical or foreign language)
 MA MDiv MALED MACE MA Missions MA Past Counseling DMin
 MA Bible Exp MALEM MA Ed Min MA ICS MA Past Couns/Spiritual Formation
 MAT MED MA Bible Teaching MA TEFL/ICS MA Counseling Ed.D.

Graduating Class Year (class with which you would like to be included for reunions): _____

Nickname (name you prefer to be called): _____ Birth Date: _____

Maiden Name: _____

Your Title (check one): Mr. Mrs. Ms. Miss Rev. Dr.

Marital Status: Single Engaged Married Divorced Widowed

Spouse's Full Legal Name: Mr. Mrs. Ms. Rev. Dr.

First Middle Last, including suffix (Jr., II, etc.)

Spouse's Nickname: _____ Spouse's Maiden Name: _____

School Spouse Attended: CIU Undergraduate Columbia Biblical Seminary CIU Graduate School

Other (specify): _____

Degree(s) earned: _____ Year of Graduation: _____

Denominational Affiliation: _____

E-mail Address: _____

Would you like to receive e-mail from the CIU Alumni Office about current alumni news and events? Your e-mail address will not be distributed outside of CIU. Yes No

Submit the completed application by the published deadline to: CIU Registrar's Office / PO Box 3122 / Columbia SC 29230-3122