



ASSOCIATE

Application for Awarding of Degree

PLEASE PRINT LEGIBLY OR TYPE
(RETURN TO THE REGISTRAR'S OFFICE WITH PAID RECEIPT)
Commencement Date: Saturday, May 4, 2019

Name: _____
(EXACTLY as it should APPEAR on the Diploma and Commencement Program)

Student ID# _____ Last 4 of SS# _____ Phone# _____
Legal Home Permanent Address: _____

DEGREE for which you are making application: (Please check one and write the concentration)

Associate of Arts (AA) _____ Associate of Science (AS) _____
Associate of Applied Business (AAB) _____ Associate of Applied Science (AAS) _____
Associate of Technical Studies (ATS) _____

Concentration/Major for the above Associate degree: _____

Term/Year in which you PLAN to Complete your degree: (Please check one)

Summer Semester 2018 _____ Fall Semester 2018 _____
Spring Semester 2019 _____ Summer Semester 2019 _____

Due date for Application: Fall – May 31 Spring & Summer – October 31

All Students are required to participate in the commencement ceremony. In order to be excused, you must submit a request to the Registrar's Office, Attn: Tami Sheets. Email: tsheets@rio.edu
Office: Florence Evans Hall, Room 133.

Ceremony participation? YES _____ NO _____

NOTE: Do you have need of special health or physical consideration in order to participate in the ceremony?
Please CIRCLE Yes or No. We would like to assure your ability to have an enjoyable commencement with your friends and family. IF POSSIBLE, PLEASE ATTACH A BRIEF EXPLANATION.

In order to participate in Spring Commencement but finish course work in the summer term, you must have no more than 12 hours to complete your degree.

Are you a family member of a RIO Employee? _____
Relationship/Name of Employee _____

X _____ RECEIPT # _____
STUDENT SIGNATURE DATE FEE REQUIRED: \$135*

*The University reserves the right to change the fee as necessary.