HOWARD UNIVERSITY CATHY HUGHES SCHOOL OF COMMUNICATIONS GRADUATION UNDERGRADUATE APPLICATION Please type name as it appears on the university's records

NAME:				
Last	First	Middle	Suffix	
HU ID#:	MAJOR:			
CONCENTRATION:		(MJFC or SLMC)		
MINOR:				
Prospective Graduation	on Date:			
Local Address:	MONTH	DATE	YEAR	
Street Number and Name		Apt. #		
City	State	e Zip Code		
PHONE: ()	Email:			
Permanent Address	S:			
	Street Number and Name	Apt. #		
City	State	Zip Code		
Signature:		Date:		

Disclaimer: This application is void after the semester for which you are applying. A new application is required to reflect your new date of graduation.