

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**

GENDER: Male ___ Female ___ **HU ID#:** _____

MAJOR: _____ **CONCENTRATION** _____
 (MJFC or SLMC)

MINOR: _____

Prospective Graduation Date: _____
 MONTH **DATE** **YEAR**

Local Address: _____
 Street Number and Name **Apt. #**

 City **State** **Zip Code**

PHONE: () _____ **Email:** _____

Permanent Address: _____
 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.