

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Degree Program:**       MAcHM/MSOM                       DAcHM/DATM

**Entrance Term:** \_\_\_\_\_ **Exit Term:** \_\_\_\_\_  
(e.g. Fall 2020) (e.g. Summer 2024)

**We will respond by e-mail to your e-mail account:** \_\_\_\_\_ @ \_\_\_\_\_

*You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.*

**Graduation Procedure**

1. Fill out and submit this form to ac-eng@dula.edu or ac-kor@dula.edu.
2. Pay the graduation fee of **\$200.00** via Populi or at the front office.
3. Ensure your contact information is up-to-date in DULA Populi for at least 4 months after leaving DULA, in case the university needs to contact you regarding the processing of your degree.
4. The name on your diploma will appear exactly as it does on university records.
5. To apply for the California Acupuncture Licensure Exam (CALE) or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), please contact the registrar at registrar@dula.edu once this form has been fully processed.

All students must fulfill all graduation requirements no later than the last day of the quarter for which they apply to graduate. If the final graduation check reveals any deficiencies, the student will be removed from the graduation list. Students with an incomplete grade in a required course will not be able to graduate until the incomplete work is completed. In such cases, students must reapply to graduate for a subsequent term.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>							
Academic Coordinator	Intern Coordinator	Librarian	Accounting Director	Int. Student Officer (if applicable)	Financial Aid Officer (if applicable)	Registrar	Dean of Academic Affairs