



Application for Continued Undergraduate Enrollment
Semester/Year _____

(Submit to Registrar's Office once completed)

Name: _____

Eastern ID #: _____

Planned Completion Date: August _____ December _____ May _____

Identify area of continued study from the following:

_____ Second Baccalaureate Degree

Degree _____

Major _____

_____ Second Major in _____

_____ Minor in _____

I understand that my continued enrollment as a matriculated undergraduate student is contingent on enrollment in courses that fulfill my planned program, during the semester following the awarding of my degree.

 Student's Signature (Sign and Print) Date

For Office Use Only:

Completed graduation requirements: ____yes ____no

Enrolled in courses that fulfill planned program: ____yes ____no

Approved for continued enrollment: ____yes ____no

Anticipated completion date: _____

 Degree Auditor's Signature Date