

GEM



South Baylo University

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- Los Angeles Campus:** 2727 W. 6th St., Los Angeles, CA 90057-3139
Tel: 213-738-0712 Fax: 213-480-1332

GRADUATION EVALUATION (MASTER'S DEGREE)

Class of 20 _____ Graduation Quarter: _____ CCE II : Pass No

CAMPUS : AN LA

** Marks must be completed*

***STUDENT NAME** _____
(As it should appear on your diploma)
Last First Middle

***STUDENT ID #** _____

***ADDRESS** _____
Street City
State Zip Code

***PHONE # (HOME)** _____

***PHONE # (DAY)** _____

***E-MAIL ADDRESS** _____

GRADUATION EVALUATION FEE (\$350)

Student Signature Date

FOR OFFICE USE ONLY

AMOUNT PAID \$ _____ DATE _____

RECEIPT # _____ RECEIVED BY _____

Weight: _____ Cap Size: _____ Height: _____ Gender: female male