

APPLICATION FOR DEGREE
SCHOOL OF NURSING & GRADUATE NURSING

ALL STUDENTS MUST COMPLETE AN APPLICATION FOR DEGREE IN ORDER TO GRADUATE. DIPLOMAS WILL BE ORDERED WITH NAMES AS DESIGNATED BY STUDENTS ON THIS FORM. IN ORDER TO PERFORM A NAME CHANGE, WE NEED TO KNOW THE BASIS FOR THE CHANGE AND **LEGAL DOCUMENTATION AUTHORIZING THE CHANGE MUST BE PROVIDED.**

PRINT CLEARLY: INDICATE YOUR NAME AS IT WILL APPEAR ON YOUR DIPLOMA.

NAME			
	First	Middle	Last

ADDRESS _____
Street

City _____ State _____ Zip Code _____

Home Telephone _____ Business Telephone _____ Last 4 Digits of SSN _____

Campus Voice Mail _____ E-Mail _____

EXPECTED DATE OF GRADUATION: YEAR _____
Check one: AUGUST 31 JANUARY 31 MAY

SCHOOL OF NURSING & GRADUATE NURSING

DEGREE: Bachelor of Science in Nursing
 Master of Science in Nursing Specialization _____

POST – MASTERS CERTIFICATE _____

STUDENT'S SIGNATURE _____ DATE _____

***DIPLOMA PICK UP: AUGUST DIPLOMA PICK-UP AFTER OCTOBER 1. JAN. PICK-UP AFTER MARCH 1.**

FOR OFFICE USE ONLY: APPLICATION RECEIVED	_____
ORDER CODE NUMBER	_____
DATE DIPLOMA ORDERED	_____
ENTERED DATABASE	_____
ENTERED IN P.C.	_____