



## GRADUATION APPLICATION INSTRUCTIONS

### Instructions

Step 1: Complete the graduation application by the dates listed below:

May graduation	Due November 15, previous year
August graduation	Due February 15, same year
December graduation	Due April 15, same year

Step 2: Meet with your faculty advisor:

- Confirm all curriculum
- Review and complete your Application for Graduation
- Obtain the necessary signatures
- They will confirm that all service related activities will be met, if required by your program

Step 3: Submit your Application for Graduation by the deadline listed above.

Step 4: Watch your mail for your graduation analysis approximately one month after the deadline for submission of the Application.

Step 5: Confirmations will be mailed approximately two months prior to your anticipated graduation date.

### Please Note the following Graduation Reminders and Expectations

Before graduation, all obligations to the college must be settled. If you have any obligations (holds for any reason such as overdue library materials, unpaid tuition, incomplete financial aid exit interviews, incomplete grades, or items faculty have requested) at the time of graduation, a hold will be placed on your transcript and diploma and they will not be released until your obligation is resolved.

Undergraduate BSN students: You must complete a Transcript Request Form with the Records and Registration Office in order to have transcripts sent to state boards of nursing. This is completed during NURS411, Preparation for Licensure.

You must also complete a Reference Authorization Form if you want faculty or staff to write a letter of recommendation or serve as a reference.

If you have courses being transferred from other institutions, those official transcripts must be received by Records and Registration no later than May 1 for May graduation, August 1 for August graduation and December 1 for December graduation.

Each student is responsible for making certain he or she has met all degree requirements.



APPLICATION FOR GRADUATION

PLEASE PRINT CLEARLY

Legal Name: \_\_\_\_\_
First Middle Last

Phonetic pronunciation of your name: \_\_\_\_\_

Address: \_\_\_\_\_
(where you would like graduation materials sent) Street City State Zip

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Telephone: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Hometown and State: \_\_\_\_\_
(appears in commencement program)

I plan to complete requirements for graduation:
[ ] May 20 Application due November 15, previous year
[ ] August 20 Application due February 15, same year
[ ] December 20 Application due April 15, same year

List the names of newspaper(s) to receive information about your graduation:
Newspaper \_\_\_\_\_
City, State \_\_\_\_\_
Newspaper \_\_\_\_\_
City, State \_\_\_\_\_

Degree Program:
Associate of Science in Health Professions
Bachelor of Science in Biomedical Sciences
Bachelor of Science in Cardiovascular Sonography
Bachelor of Science in Diagnostic Medical Sonography
Bachelor of Science in Nursing
Bachelor of Science in Health Professions
Master of Science in Nursing - Nursing Education
Master of Science in Nursing - Nursing Leadership
Doctorate of Education
Doctorate of Nurse Anesthesia Practice
Minor:
Biomedical Sciences
Gerontology
Healthcare Management
Public Health
Social Sciences
Spanish for Healthcare
Vascular Sonography

- I give permission to print my name in the commencement program.
I will need the following number of graduation announcements (the cost of announcements is included in your graduation fee):
none 10 20 30 40 50
I understand I must complete a Transcripts Request Form to have transcripts sent to credentialing agencies (i.e., state boards of nursing, registries, etc.). (Check with your program to determine if this activity will be completed in class.)
I understand I must complete a Reference Authorization Form for faculty or staff to write a letter of recommendation or serve as a reference. I may complete this form when I am ready to graduate and have identified individuals I would like have serve as a reference.

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

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of this graduation application the Registrar will send an official graduation analysis to the student. The student should review the analysis carefully and direct any questions to the Registrar. Each student is responsible for ensuring they have met all degree requirements.