

GRADUATION APPLICATION

Adult Education

Upon successful completion of all outstanding course work and a final review of the degree requirements, you will be awarded your degree.

NAME: _____
Please print legibly

Student ID #: _____

Signature, Student

Date

DIPLOMA NAME: BEGINNING WITH YOUR FIRST NAME, PRINT YOUR NAME (first, middle, and last) EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA.

Degree: Bachelor of Science

Major: Nursing

Anticipated Graduation Date:

Nursing Winter 20_____

Nursing Summer 20_____

Nursing Fall 20_____

_____ I will attend May Commencement Exercises

_____ I will NOT attend May Commencement Exercises

There are no formal commencement exercises at the end of Nursing Summer or Nursing Fall terms. All graduates are encouraged to participate in May commencement exercises. If you elect not to participate in commencement, your diploma will be mailed to your preferred post-graduation mailing address.

PREFERRED POST-GRADUATION MAILING ADDRESS: _____

