



UNIVERSITY OF  
ST. FRANCIS

## APPLICATION FOR GRADUATION

*I hereby make formal application for the degree of:*

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor of Arts                    | <input type="checkbox"/> Master of Business Administration                                    |
| <input type="checkbox"/> Bachelor of Business Administration | <input type="checkbox"/> Master of Education (cert)   |
| <input type="checkbox"/> Bachelor of Science/ Nursing        | <input type="checkbox"/> Master of Science (CETT, CETM, Education, HSA, Mgmt, Physician Asst) |
| <input type="checkbox"/> Bachelor of Science                 | <input type="checkbox"/> Master of Science in Nursing   |
| <input type="checkbox"/> Bachelor of Social Work             |   |

*to be conferred in:*

- May, 20 \_\_\_\_
- August, 20 \_\_\_\_
- December, 20 \_\_\_\_

Academic Major \_\_\_\_\_

Please **PRINT** your name as you wish it to appear on your diploma

\_\_\_\_\_  
 (First Name) (Middle Name or Initial) (Last Name)

**Phonetic pronunciation** of your name (if frequently mispronounced)

\_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Social Security Number

- Please send my graduation announcement to the following newspaper(s)

\_\_\_\_\_  
 Newspaper Address (if available) City, State Zip