

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 in Nursing | <input type="checkbox"/> Master of Science
(CETT, CETM, T & D,
Education, HSA, Mgmt, Physician Asst) |
| <input type="checkbox"/> Bachelor of Science
(including Health Arts) | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> Bachelor of Social Work | <input type="checkbox"/> Master of Social Work |

to be conferred in:

- April, 200 ____ - (Physician Asst. ONLY)
- May, 200 ____
- August, 200 ____
- December, 200 ____

Academic Major (s) _____

Minor(s) _____

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

ID #

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

Newspaper

Address (if available)

City, State

Zip

Return Application to:

University of St. Francis * Office of the Registrar * 500 Wilcox Street * Joliet, IL 60435 * FAX: 815-740-5084