



# PETITION FOR GRADUATION

> Please submit this form to the Office of the Registrar at the beginning of the term in which you will graduate. If this form is not submitted on time, you may not be included in commencement programs and your graduation and diploma may be delayed.

> **Please print**

Name as Registered \_\_\_\_\_  
Last First MI

Samuel Merritt ID# \_\_\_\_\_

- **Graduation Correspondence Address** (where commencement information is mailed)

\_\_\_\_\_  
Street City State Zip

- **Hometown** (undergraduate (BSN only): \_\_\_\_\_  
City/State

- **Email Address:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

- **Address for Mailing Diploma** check here if this address is same as above

\_\_\_\_\_  
Street City State Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Current Telephone Permanent Telephone Business Telephone

- **Diploma Name** – Enter name **EXACTLY** as you want it to appear on your diploma (i.e. First MI Last)

\_\_\_\_\_

Academic Advisor: \_\_\_\_\_

- **Anticipated Term of Graduation**

Fall/December \_\_\_\_\_ Spring/May \_\_\_\_\_ Summer/August \_\_\_\_\_ (graduate students only)  
Year Year

- **Degree**

Bachelor of Science in Nursing BSN  
Master of Science in Nursing (online) MSN  
Master of Science in Nursing MSN CRNA  
Master of Science in Nursing MSN FNP  
Master of Science in Nursing MSN CM  
Master of Occupational Therapy MOT  
Master Physician Assistant MPA  
Master of Physical Therapy MPT  
Doctor of Physical Therapy DPT  
Doctor of Podiatric Medicine DPM

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