

SAMUEL MERRITT UNIVERSITY PETITION FOR GRADUATION

Campus Service Center
450 30th St., Suite 2830
Oakland, CA 94609
(510) 869 - 1550
FAX (510) 869 - 1551

✓ Please submit this form to the Campus Service Center. 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 VERY CLEARLY**

Name as registered _____
Last First MI

Samuel Merritt ID# (or social security number): _____

- **Current mailing address** (where commencement information is mailed)

Street City State Zip

• **Email address:** _____ @ _____ . _____

- **Address for mailing diploma** check here if this address is same as above

Street City State Zip

(____) _____
Cell Telephone

(____) _____
Home Telephone

- **Diploma Name** – Enter name EXACTLY as you want it to appear on your diploma (print clearly)

- **Anticipated TERM and YEAR of graduation** Fall _____ Spring _____ Summer _____
YEAR YEAR YEAR

- **Degree**

- Bachelor of Science in Nursing BSN (2+2)
- Bachelor of Science in Nursing Accelerated BSN
- Master of Science in Nursing (online) MSN
- Master of Science in Nursing MSN CM
- Master of Science in Nursing MSN CRNA
- Master of Science in Nursing MSN FNP
- Master of Occupational Therapy MOT
- Master Physician Assistant MPA
- Master of Physical Therapy MPT
- Doctor of Physical Therapy DPT
- Doctor of Podiatric Medicine DPM

For Office Use Only

Certify all requirements met _____

Degree date _____

Degree entered _____

Diploma mailed _____

Student signature _____ Date _____