



Application for Graduation

Personal Information

Name (Printed as you wish for it to appear on your *diploma*, in the *graduation program*, and *announced at the ceremony*):

Address: _____

Phone: _____ **Personal Email:** _____

Expected Graduation Semester: _____

Degree Information:

- Associate's (Nursing) Associate's (Health Sciences) Associate's (Radiography)
 Bachelor's (Nursing) Bachelor's (Health Sciences) Bachelor's (Social Work)

Graduation Ceremony:

Do you wish to participate in the graduation ceremony? Yes No

If you answered "**Yes**", please indicate the following information for the ordering of your cap and gown.

Height (in feet and inches): _____ Weight: _____

ASN Students:

As a graduating student in the Associate of Science in Nursing Program, I understand that I must take a live review course at the end of the semester in which I intend to graduate. Failure to do so will result in the Division of Nursing not sending my letter to the Board of Nursing.

All Students:

I have reviewed my degree audit and the program requirements for my degree program. I verify that I will meet all degree requirements during the semester of this application.

I understand that all transcripts for transient course work are due to the Office of the Registrar **three weeks before the end of the semester**. Failure to turn in this information before the deadline will result in a graduation delay (will be moved to the following semester's graduation list).

I understand that by completing this graduation application my name will be added to the graduation list and will be shared as requested.

I understand that a \$200 graduation fee will be added to my ledger during the semester of graduation. The graduation fee is charged to all graduating students regardless of participation in the graduation ceremony.

I understand that if I do not complete all degree requirements, I will be removed from the graduation list and will need to apply for graduation for a future semester.

Student Signature: _____ Date: _____

(Please complete, sign and submit this form along with an audio recording of the pronunciation of your name to: Registrar@aultmancollege.edu)