

BAPTIST SCHOOL OF HEALTH PROFESSIONS
Application for Graduation On August 19, 2010

PLEASE PRINT CLEARLY

First Name _____ Middle Name _____ Last Name _____

THE NAME I WANT TO APPEAR ON MY DEGREE/DIPLOMA:**

(_____) _____ - _____
Phone Number

_____ - _____ - _____
Social Security Number

Mailing Address _____ City _____ State _____ Zip _____

The program I will be receiving a diploma from:

- | | |
|-------------------------------------|-----------------------------|
| _____ Diagnostic Medical Sonography | _____ Radiologic Technology |
| _____ Perioperative Nursing | _____ Surgical Technology |
| _____ Professional Nursing | _____ Vocational Nursing |

Will you be attending Commencement?

YES
I will have completed all required coursework and will attend commencement OR I will have six (6) or fewer credits to complete during the summer/fall semester and have an approved course completion plan on file with my school

NO
I will not be attending a commencement ceremony. Please mail my diploma to the above address

I am applying to complete all the requirements and graduate on the date indicated above. I understand that this petition does not guarantee completion of diploma requirements nor of graduation. I understand that if I do not meet requirements to graduate on the date indicated above, the application for graduation must be re-submitted.

Signature _____

Date _____

In order to graduate, you **MUST** return this *Application for Graduation* to **Student Services** no later than: **3:30 pm June 15, 2010**

**** If the name you want to appear on your diploma is different than the name the school currently has on file, you MUST go by Student Services and fill out a Personal Data Change Form with documentation showing your name change.**