BAPTIST SCHOOL OF HEALTH PROFESSIONS
Application for Graduation On August 18, 2011

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
_____ Perioperative Nursing
_____ Professional Nursing
_____ Radiologic Technology
_____ Surgical Technology
_____ Vocational Nursing

Will you be attending Commencement?

- ❑ YES
  I will have completed all required coursework and will attend commencement. *Attendance at Rehearsal is required.
- ❑ 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 10, 2011**

** **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.**