

Graduation Application

Please complete and sign the form below and return to your Academic Advisor. Your Academic Advisor will review and sign your application. You or your Academic Advisor must submit the signed application to the Office of Student Records for processing.



STUDENT INFORMATION

PRINT YOUR NAME EXACTLY AS IT SHOULD APPEAR ON YOUR CERTIFICATE/DIPLOMA:

First	Middle	Last

Student ID #: _____ Phone #: _____ College Email: _____

PROVIDE CONTACT INFORMATION AFTER GRADUATION:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

GRADUATION INFORMATION

EXPECTED SEMESTER/TERM OF GRADUATION:

☐ Fall Semester ☐ Spring Semester ☐ Summer Term Year: _____

CHECK THE APPROPRIATE CERTIFICATE OR DEGREE PROGRAM FOR WHICH YOU ARE APPLYING:

- | | |
|--|--|
| <input type="checkbox"/> Associate of Applied Science in Health Information Technology | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> Associate of Applied Science in Nursing | <input type="checkbox"/> Certificate in Community Health Worker |
| <input type="checkbox"/> Associate of Applied Science in Radiologic Technology | <input type="checkbox"/> Certificate in Computed Tomography |
| <input type="checkbox"/> Associate of Science in Health Sciences | <input type="checkbox"/> Certificate in Imaging Quality and Safety |
| <input type="checkbox"/> Associate of Science in Health Information Technology | <input type="checkbox"/> Certificate in Medical Coding |
| <input type="checkbox"/> Associate of Science in Nursing | <input type="checkbox"/> Certificate in Ophthalmic Technology |
| <input type="checkbox"/> Associate of Science in Radiologic Technology | <input type="checkbox"/> Certificate in Ophthalmic Assistant |
| <input type="checkbox"/> Bachelor of Science in Biology | <input type="checkbox"/> Certificate in Paramedic |
| <input type="checkbox"/> Bachelor of Science in Healthcare Administration | <input type="checkbox"/> Certificate in Polysomnographic Technology |
| <input type="checkbox"/> Bachelor of Science in Medical Imaging | <input type="checkbox"/> Certificate in Women's Health Imaging |
| <input type="checkbox"/> Bachelor of Science in Nursing | <input type="checkbox"/> Postmasters Certificate in Nursing Education |
| <input type="checkbox"/> Master of Health Administration | <input type="checkbox"/> Postmasters Certificate in Nursing Leadership |

MINOR: BACHELOR STUDENTS ONLY - If you plan to graduate with a minor, identify the minor: _____

Indicate if you authorize the inclusion of your name, degree, and major in all commencement ceremony related publications. Please note, if you check no, your name will not be printed in the commencement program. ☐ YES ☐ NO

Student Signature _____ Date _____

Advisor Signature _____ Date _____

FOR MERCY COLLEGE STAFF OFFICE USE ONLY

ADDITIONAL COMMENTS:

Office: Student Records
Last Updated: 08/14/2019

Evaluation Processed by: _____ Date: _____

Staff Initials