

▶ THIS FORM MUST BE FILLED OUT BY THE STUDENT AND SIGNED BY THE STUDENT'S ADVISOR.

• SUMMER & FALL GRADUATES

Students planning to graduate at the end of a fall semester must submit this form to the Registrar's Office by April 15th.

SPRING GRADUATES

COMPLETE THIS SECTION, PRINT and SUBMIT TO YOUR ADVISOR

Students planning to graduate at the end of a **spring** semester must submit this form to the Registrar's Office by November 15th.

SECTION A: To Be Completed By Student

Name Sonis ID	Full Legal Name	_ Program	BSN	RN-BSN		
Name	As You Would Like it to Appear on Your [Diploma				
Graduation	I will participate in graduation.	I will not participate in graduation.				
Diploma Mailing Address	Diplomas that are not picked up at graduation will be sent via certified mail.					
	This form is a request and a review of my academic record and verification that I am able to proceed to my last semes of my degree program and become a candidate for graduation.					
	I have read and understand the "Graduation Requirements" listed in the current college catalog.					
Anticipated Date of Graduation Month		Year 20				
Student Signat	ture	Date	_//2	20		

SECTION B: To Be Completed By Academic Advisor

Courses In Progress (Current Semester)

Course	Semester	GEN	NUR

Outstanding Coursework (Final Semester)

Course	Semester	GEN	NUR

Please review the curriculum with student and forward this form to the Registrar's Office.

▶ I have reviewed the progression of the student named above and verify that the student:

Has completed all 56 general education credits.

Is **Eligible** Is **Not Eligible** to proceed to the last semester of the degree program and become a candidate for graduation.

Advisor Signature _

Date ____/20___