

UNDERGRADUATE APPLICATION FOR DEGREE
COLLEGE OF NURSING

Date _____ Student ID _____

Name _____

Your name will be printed on your diploma as it appears on the University database.
File name change requests with Enrollment Services eight weeks prior to graduation.

Address _____

City _____ State _____ Zip _____

Telephone number during the day : _____

Hold processed application for pick-up.
Mail processed application to address above.
Mail processed application to alternate address listed below.
(If campus address, please provide residence box number.)

Please indicate the SEMESTER AND YEAR you plan to complete degree requirements:

December 200 _____ May 200 _____ August 200 _____

Major _____ Second Major _____ Minor _____

Important Notes:

Applicants will receive a delineation of outstanding degree requirements once this application has been processed. Most students will receive a computerized degree audit. Students admitted prior to 1986 will receive a course and credit listing of outstanding requirements.

Please note:

1. The degree audit assumes successful completion of all courses in progress (including grades of Incomplete).
2. Schedule adjustments (add-drop transactions) may change the profile of outstanding degree requirements.
3. Previously authorized waivers or substitutions should be reflected on your degree audit.
4. Waivers and substitutions are not automatically transferable from one major or college to another.
5. Second majors or minors indicated above will be included in your degree audit ONLY if you have officially declared them on a Curriculum Adjustment Form.
6. Addition/deletion of a second major or minor may affect the profile of outstanding degree requirements.
7. If you need assistance in interpreting your degree audit, please contact your adviser.

Audit Date:	Code:
-------------	-------