

Date Received: _____

MERCY COLLEGE OF NORTHWEST OHIO GRADUATION APPLICATION

Print name exactly as it should appear on your diploma.

First

Middle

Last

Current Address: _____

Street

City

State/Zip

Social Security Number: _____ Phone Number: _____

Expected Date of Graduation: Month _____ Year _____

Degree (please check):

- Associate of Science in General Studies
- Associate of Science in Health Information Technology
- Associate of Science in Nursing (Toledo)
- Associate of Science in Nursing (St. Elizabeth)
- Associate of Science in Radiologic Technology

- Associate of Science in Cardiovascular Technology
- Certificate in Polysomnographic Technology
- Certificate in Ophthalmic Technology
- Bachelor of Science in Health Care Administration
- Bachelor of Science in Nursing

Mailing Address After Graduation: _____

Street

City

State/Zip

Phone Number After Graduation: _____

Student Signature: _____

Date

Advisor Signature: _____

Date

-For office use only-

Graduation Evaluation Confirmed by: _____

Registrar's Office Signature

Date

Additional Comments _____

*Students must complete and submit this request to his/her Academic Advisor prior to the last term in which they plan to graduate.

White Copy – Student File

Yellow Copy – Advisor

Pink Copy – Student