SAINT JOSEPH'S COLLEGE
APPLICATION FOR DEGREE

DATE_____

ID#_____ Signature_____

FULL NAME (as you wish it to appear on your diploma - no nicknames)

_____

NAME PHONETICALLY PRONOUNCED _____

DEGREE ____Bachelor of Science MAJOR(s)_____

____Bachelor of Arts MAJOR(s)_____

____Associate of Arts MAJOR_____

____Associate of Science MAJOR_____

____Bachelor of Science in Nursing

____Master of Arts in Music

____Master of Arts in Pastoral Liturgy and Music

HOME CITY AND STATE (to be printed in the commencement program)

_____

EXPECTED GRADUATION DATE (month and year)_____***SEE NOTE**

***Will all requirements be met at this time? ____YES ____NO (If no, please complete Degree Candidate Application form.)**

WILL YOU BE PRESENT FOR COMMENCEMENT? _____ YES _____ NO
SELECT ONE ONLY _____ MAY _____JULY

If you answered NO above, your diploma will be mailed to you following commencement.

Transcripts and diploma will be withheld until all financial obligations, including the payment of an $80 graduation fee, are cleared with the Student Financial Services Office. Certification of graduation requirements by the Registrar will be completed before a diploma is issued.

FOR OFFICE USE ONLY

____ Degree verified **_____ Major verified**
____ Degree Candidate **_____Expected date of completion of requirements**