

**Graduate Program
Graduation
Application**

ALVERNIA UNIVERSITY

Name _____
Last First Middle Student ID #

Address _____
Street City State Zip Code

Home Number () _____ Work Number () _____

- Degree:**
- Master of Arts in Community Counseling
 - Master of Arts in Liberal Studies
 - Master in Business Administration
 - Master in Education
 - Master of Science in Nursing
 - Master of Science in Occupational Therapy

Anticipated Graduation Date:

- December 20 _____ May 20 _____ August 20 _____

Complete all **bold** items and return this form to the Upland Center room 129 before the deadline. **
All graduate students will receive written confirmation of the remaining courses required for degree completion.

All graduates are encouraged to participate in Commencement Exercises.

On the line below, please neatly print or type your name **EXACTLY** as you wish it to appear on the diploma.

First Middle Last

Date

Signature of Applicant

**Application Deadlines
December Graduation – March 1
May Graduation – October 1
August Graduation – December 1

Signature of Program Coordinator

Signature of Dean