

**MERCY COLLEGE OF NORTHWEST OHIO**  
**GRADUATION APPLICATION**  
(\$100.00 graduation fee to be charged to the student's account)

Print name exactly as it should appear on your diploma.

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First	Middle	Last
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Current Address: \_\_\_\_\_

Street	City	State/Zip
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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 Therapeutic Massage
  - Associate of Science in Nursing (Toledo)
  - Associate of Science in Nursing (St. Elizabeth)
  - Associate of Science in Radiologic Technology
  - Bachelor of Science in Health Care Administration
  - Bachelor of Science in Nursing

Mailing Address After Graduation: \_\_\_\_\_

Street	City	State/Zip
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Phone Number After Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date \_\_\_\_\_

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-For office use only-

Graduation Evaluation Confirmed by: \_\_\_\_\_

Registrar Signature	Date
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Additional Comments \_\_\_\_\_

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\*Students must complete and submit this request to the Registrar's Office prior to the last term in which they plan to graduate.