



# MercyCollege 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-Echo
- Associate of Science in Cardiovascular Technology-Periph

- Bachelor of Science in Health Care Administration
- Bachelor of Science in Human Biology
- Bachelor of Science in Medical Imaging
- Bachelor of Science in Nursing
- Certificate in EMS/Paramedic
- Certificate in Ophthalmic Technology
- Certificate in Polysomnographic Technology

Email Address After Graduation: \_\_\_\_\_

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

Street

City

State/Zip

Phone Number After Graduation: \_\_\_\_\_

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

Date

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

Date

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-For office use only-

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

Student Record'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.