



NEBRASKA
WESLEYAN
UNIVERSITY

**University College
Graduation Application**
(please print)

Student ID Number _____

Full Legal Name _____
last first middle suffix (Jr./III/IV/other)

DEGREE PROGRAM

I wish to become a candidate for graduation in the following degree program. I plan to meet all graduation requirements for this program (as stated in the catalog at the time of my acceptance in this degree program at Nebraska Wesleyan) by the date stated below. Deviation from the stated requirements must be cleared through the program director and the registrar [use *Modification of Program Requirements form*].

- Degree:
- Master of Arts in Historical Studies
 - Master of Forensic Science
 - Master of Science in Nursing

 - Bachelor of Business Administration (business major)
 - Bachelor of Science in Nursing (nursing major)
 - Bachelor of Science (social work major)

 - Other _____

GRADUATION DATE (check one)

- December* _____ [completion of all degree requirements September 2 through February 1]
year
- May _____ [completion of all degree requirements February 2 through September 1]
year

**Nebraska Wesleyan University provides one Commencement ceremony in May. December graduates normally participate in the May Commencement ceremony following December degree completion. Students may, however, choose to participate in the ceremony the previous May. Initial here if participating in Commencement prior to December completion: _____*

Student's Signature

Date

Upon receipt of this graduation application the registrar's office will send an official graduation analysis to the student, who should then review the analysis carefully and report any questions to the registrar. Each student is responsible for making certain he or she has met all degree requirements.

FOR REGISTRAR'S OFFICE USE ONLY

Application received: _____

Analysis sent: _____

Comments:

Certification of Degree Completion:

_____ Total Hours Earned

_____ GPA

Registrar initials/Date: _____

University College Modification of Program Requirements

Student ID Number _____

Name _____
last
first
middle
suffix

CHANGES FOR PROGRAM ---

Changes to Stated Requirements for : _____
list program for which substitution is being made

Stated course/requirement			Substitute course		
Dept. Course #	Title	Hours	Dept. Course #	Title	Hours

Changes approved: _____
Program Director's Signature
Date

SUPPORTING PROGRAM(S) ---

Supporting program:			Other:		
Dept. Course #	Title	Hours	Dept. Course #	Title	Hours

Program approved: _____
Program Director's signature and date

Program approved: _____
Program Director's signature and date

FOR REGISTRAR'S OFFICE USE ONLY

Date received: _____ Comments: _____

Correspondence sent: _____