

D. PREVIOUS DEGREE / DIPLOMA INFORMATION

Degree / Diploma	School / College / University	Date of Completion (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. GRADUATION

Year of Graduation: _____

Convocation Date: _____ / _____ / _____
mm/dd/yyyy

IMPORTANT INFORMATION:

Convocation is to be held only once every year. All Graduation / Degree Request must be received before the indicated deadline for that year. Students who have completed their Curriculum will receive notification of graduation application prior to the date of commencement. All students applying must be in "Good Standing" with the University and must have satisfied their entire curricular, financial and other obligation with their student file complete. Final commencement instruction will be sent to the students a month prior to the convocation date.

I certify that all the information mentioned above are correct and that I have satisfied all requirements and obligations for the degree of (Check all that applies)

- Doctor of Medicine
- Associate in Nursing (RN)
- Bachelor in Nursing (BSN)
- Bachelors in Pharmacy (BSP)
- Bachelors in Health Sciences

I hereby agree to the terms & conditions per GMU policy

Date: _____ / _____ / _____
mm/dd/yyyy

Full Name (Print) _____

Signature: X _____

FOR OFFICE USE ONLY

Dean:	_____	<u>X</u> _____
	<i>Name</i>	<i>Date</i>
		<i>Signature</i>
Registrar:	_____	<u>X</u> _____
<i>(Records)</i>	<i>Name</i>	<i>Date</i>
		<i>Signature</i>
Bursar:	_____	<u>X</u> _____
	<i>Name</i>	<i>Date</i>
		<i>Signature</i>

Status: **Accepted** **Rejected**

Reason: _____
Notes: _____

Signature: _____

Date: _____