

Valparaiso University
FORMAL APPLICATION FOR A DEGREE
BACHELOR OF SCIENCE IN NURSING
COLLEGE OF NURSING

ID # _____

Date _____

PRINT FULL NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA

First Name	Middle Name	Last Name
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Valparaiso Address _____ Phone _____

Home Address _____ Home Phone _____

E-mail Address _____

Expected Date of Graduation: May _____ August _____ December _____

Adviser's Name _____ Indicate year of University catalog which lists the graduation requirements that you expect to fulfill (any year of residence). _____

Major: NURSING

Second major if applicable: _____

Minor(s) if applicable: _____

Student's Signature: _____ Date: _____

Adviser's Signature: _____ Date: _____

RETURN COMPLETED FORM TO REGISTRAR'S OFFICE

DEADLINE: October 1 for May, August graduation; April 1 for December graduation.

Dean's Signature for LATE application: _____ Date: _____