

# Gwynedd-Mercy College

## Application for Graduation

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**I hereby make application for the Degree of** (check one):

- |  |   |                                       |
|--|---|---------------------------------------|
| (AA) Associate of Arts _____             | (BA) Bachelor of Arts _____             | (MS) Master of Science _____          |
| (AS) Associate of Science _____          | (BS) Bachelor of Science _____          | (MSN) Master of Science Nursing _____ |
| (ASN) Associate of Science Nursing _____ | (BHS) Bachelor of Health Science _____  |                                       |
|  | (BSN) Bachelor of Science Nursing _____ |                                       |

**Date of Degree Completion**

January _____	Application Deadline September 1
Year	
May _____	Application Deadline December 18
Year	
August _____	Application Deadline June 1
Year	

**Major** \_\_\_\_\_

(Include appropriate professional option)

**Minor** \_\_\_\_\_

(If applicable)

**NAME TO APPEAR ON DIPLOMA**    Print clearly

_____	_____	_____
<b>First</b>	<b>Middle</b>	<b>Last</b>

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Telephone # \_\_\_\_\_ GMC e-mail \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ -xxxx  
MM DD -

**RETURN or Mail DIRECTLY TO:** Gwynedd-Mercy College  
**Registrar's Office**  
PO Box 901, 1325 Sumneytown Pike  
Gwynedd Valley PA 19437

For Office Use Only: