



APPLICATION FOR GRADUATION (MASTERS OF PHYSICIAN ASSISTANT STUDIES)

Please Complete Items 1 - 6

1. My name as I wish it to appear on my diploma (Include Jr., II, III, etc.): _____

ID #: _____ Local or Cell Phone: _____ Email Address: _____

PERMANENT (Parent) Telephone: _____

PERMANENT mailing address: Street and Number/Apt. _____

City _____ State _____ Zip Code _____

Personal email: _____

2. I expect to receive **one** degree:
Masters of Physician Assistant Studies ☐

I expect to complete my degree requirements by: Sept ☐ Of the Year _____

3. My MAJOR is Physician Assistant _____ Advisor: _____

4. I will walk in September of the Year: _____

Anticipated graduates are candidates who meet all academic requirements within two courses (maximum 8 hours). These students take their expected place in the commencement line-up with all other candidates and walk across the stage to shake hands with the president and dean. A symbol in the commencement program identifies them as anticipated graduates. They will not receive a diploma and no honors are conferred at that time.

5. Today's Date: _____