Purpose:
The purpose of this policy is to provide the process and application for degree for the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) student.

Policy:
Students should submit this form along with the application for degree to student services for processing.

Commencement ceremonies occur only in May. Attendance is optional although highly encouraged and requested. The student must complete the application form and submit to the advising center for processing by September 15 for December graduation and by January 15 for May, June, or August graduation.
APPLICATION FOR A DEGREE

Application request for: ____________________________ Month __________ Year __________

Step 1: Print your legal name, (This name MUST match your identification for your license testing)

Student ID: ____________________________

Name: _____________________________________________________________________________________________________

First    Middle (or initial)    Last

Address: ___________________________________________________________________________________________________

Street         Apt.
____________________________________________________________________________________________________

City       State    Zip

Preferred E-Mail: _______________________________    Telephone: _________________________________________

For Nursing Students only Social Security Number*: ____________________________

*All other majors do not need to include this. This form cannot be submitted electronically if SSN is included.

Step 2: Check appropriate Degree:

○ Bachelor of Science in Nursing
○ Master of Science in Nursing
○ Bachelor of Science in Dental Hygiene
○ Bachelor of Science in Health Sciences – Health Promotion
○ Bachelor of Science in Health Sciences – Health Systems Leadership, Data
○ Bachelor of Science in Health Sciences – Health Systems Leadership, Information
○ Bachelor of Science in Health Sciences – Sport and Exercise Science
○ Bachelor of Science in Medical Imaging Technology
○ Associate of Science in Radiography

Are you declaring a minor?   ○ Yes*    ○ No

Step 3: Sign and date this form:

_________________________________________________________________________________________________________

Signature         Today's date

** If you are declaring a minor, you will have to submit an additional form for that approval.
EXAMPLE APPLICATION FOR A MINOR DEGREE

Step 1: Print your name as you want it to appear on the diploma and indicate the address to which you want your diploma mailed:

Name: ___________________________________________________________________________________________________

                        First                        Middle (or initial)                        Last

Address: __________________________________________________________________________________________________

                        City                                          State                                  Zip

Student ID #: _________________________  Telephone: _____________________________________

Step 2: Date and year you will complete all requirements:

☐ December  ☐ May  ☐ June  ☐ August  Year: __________

Step 3: Please list any minor(s) earned and secured appropriate department approval prior to submitting form to Student Services:

#1 ______________________________________________________________________________________________________

Name of Minor                                           Department Approval

#2 ______________________________________________________________________________________________________

Name of Minor                                           Department Approval

Step 4: Sign and date this form:

____________________________________________________________________________________________________

Signature                                                                           Today’s date

*Submit this form along with the application for degree to student services for processing.