



**VERA Z. DWYER COLLEGE  
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

**APPLICATION FOR A DEGREE**

Application request for: \_\_\_\_\_  
Month and Year

**Step 1: Please print your student information, (This legal name MUST match your identification for your license testing).**

**Name:**

\_\_\_\_\_  
First Middle (or initial) Last

**Address (street, apt. #, city, state, zip code):**

\_\_\_\_\_  
\_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Student Phone Number:** \_\_\_\_\_

**For Nursing Students only Social Security Number\*:** \_\_\_\_\_

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

**Step 2: Select appropriate Degree:**

\_\_\_\_\_ Master of Science in Nursing

\_\_\_\_\_ Bachelor of Science in Nursing

\_\_\_\_\_ Bachelor of Science in Clinical Lab Sciences

\_\_\_\_\_ Bachelor of Science in Dental Hygiene

\_\_\_\_\_ Bachelor of Science in Applied Health Sciences: \_\_\_\_\_ (Please list track)

\_\_\_\_\_ 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 – Rehabilitation Science

\_\_\_\_\_ Bachelor of Science in Health Sciences – Speech and Language Pathology

\_\_\_\_\_ Bachelor of Science in Health Sciences – Sports and Exercise Science

\_\_\_\_\_ Bachelor of Science in Medical Imaging Technology

\_\_\_\_\_ Associate of Science in Radiography

**Are you declaring a minor?** Yes\* No

\*If yes, please obtain and complete an Application for a Minor Degree Form.

**Step 3: Sign and date this form:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date