



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

INDIANA UNIVERSITY SOUTH BEND

APPLICATION FOR A DEGREE

Graduation Application for: Month: _____ Year: _____

Please print your student information (This must be your legal name):

First Name: _____

Middle: _____

Last Name: _____

Student ID: _____

For BSN Nursing Students only Social Security Number*: _____

**All other students (including RN-BSN) do not need to include this.*

Select appropriate Degree:

_____ Master of Science in Nursing

_____ Bachelor of Science in Nursing

_____ Bachelor of Science in Clinical Laboratory Sciences

_____ Bachelor of Science in Dental Hygiene

_____ Bachelor of Science in Applied Health Sciences-Community Health Education

_____ Bachelor of Science in Applied Health Sciences- Health Administration

_____ Bachelor of Science in Health Sciences – Health Promotion

_____ 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.*

Signature: _____

Date: _____