



EMMANUEL COLLEGE

DEGREE/CERTIFICATE COMPLETION APPLICATION

Please read and complete each question carefully. Obtain your academic advisor's signature before submitting this application to the Office of the Registrar.

Print your name above as you wish it to appear on your degree or certificate as well as other graduation-related correspondence.

Please check Appropriate Completion Date: () May 20_____ *deadline is February 15th*
() December 20_____ *deadline is September 15th*

Please note: There is one graduation ceremony that takes place in May. Degree recipients participate in the commencement ceremony (certificate recipients, with the exception of students enrolled in the CAGS program, may not attend the ceremony). Eligibility is dependent on successful completion of all academic requirements.

Will you be attending the Commencement exercises? (degree recipients only) Yes No

Please check the degree or certificate for which you are applying:

Degrees:

<input type="checkbox"/> B.A. Bachelor of Arts	<input type="checkbox"/> B.F.A. Bachelor of Fine Arts	<input type="checkbox"/> B.S. Bachelor of Science
<input type="checkbox"/> M.S. Master of Science in Management	<input type="checkbox"/> M.A.T. Master of Arts in Teaching	<input type="checkbox"/> M.Ed. Master of Education
<input type="checkbox"/> M.S. Master of Science in Human Resource Management		
<input type="checkbox"/> C.A.G.S Certificate of Advanced Graduate Studies		

Certificates:

<input type="checkbox"/> UG Certificate in Health Care Management	<input type="checkbox"/> GR Certificate in Human Resource Management
<input type="checkbox"/> UG Certificate in Project Management for Clinicians	<input type="checkbox"/> GR Certificate in Management and Leadership
<input type="checkbox"/> UG Certificate in Management	<input type="checkbox"/> GR Certificate in Research Administration

Major/Concentration_____ Minor (if applicable)_____

ACADEMIC ADVISOR'S APPROVAL:

Is the above student expected to graduate with the degree or certificate listed above at the end of the current term?

Academic Advisor's Signature

Date

I realize that my record will be reviewed to determine my eligibility for graduation/completion of a certificate. In the event that I become ineligible to graduate/complete a certificate, my academic advisor (or a staff member from the Office of the Registrar) will notify me. I acknowledge that my degree or certificate requirements as well as any financial obligations must be completed prior to the award of the degree or certificate mentioned above. If I do not successfully meet my academic requirements, I must re-apply for graduation/completion of a certificate.

Signature

Student ID Number

Date