CARDINAL STRITCH
UNIVERSITY

APPLICATION FOR DIPLOMA
COLLEGES OF ARTS AND SCIENCES, EDUCATION AND LEADERSHIP, AND NURSING
ASSOCIATE AND BACHELOR DEGREES

This form must be completed even if not participating in a graduation ceremony.

YEAR OF GRADUATION _____

Please check one degree granting month:

_____**May** (Applications must be postmarked by March 1.)

_____**August** (Applications must be postmarked by August 15.)

_____**December** (Applications must be postmarked by October 1.)

Note: All coursework and degree requirements must be completed by the graduation date. Prior Learning portfolios/essays should be submitted by the graduation date of one term prior to your anticipated graduation date.

Please check the degree you are applying for:

_____Associate of Arts _____Bachelor of Arts _____Bachelor of Music

_____Associate of Science _____Bachelor of Fine Arts _____Bachelor of Science

Major (s) _____ Minor (s) _____

Cardinal Stritch University ID Number _____

Please print your legal name as it is to appear on your diploma.

_____

(First) (Middle Name or Initial) (Last)

Address, Street, Apt #:_____

City, State, Zip Code:_____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Personal Email Address: _____

PLEASE NOTE: If you find that you will not be eligible for graduation, please notify the Registrar's Office in writing. You must reapply by completing a new form and submitting it by the appropriate deadline for your new anticipated graduation date.

_____ _____

Your Signature Date

You do not need to send any fees with this application. Please call the Registrar's Office at (414) 410-4081 or 1-800-347-8822 Ext 4081 to verify receipt of your application. Additional information will be sent to you after the application deadline.

Return by mail to: Registrar's Office, Cardinal Stritch University, 6801 N Yates Rd, Milwaukee WI 53217
or fax to: 414-410-4088
or email as a scanned attachment to: registrar@stritch.edu

1/1/2013