



CARDINAL STRITCH UNIVERSITY

APPLICATION FOR DIPLOMA
COLLEGES OF ARTS AND SCIENCES, EDUCATION AND LEADERSHIP, AND NURSING
MASTER AND DOCTORATE 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.

Please check the degree and accompanying major you are applying for:

___ Master of Arts

___ Clinical Psychology

___ Inclusive Education

___ Language and Literacy

___ Psychology with: ___ no concentration ___ Clinical Psychology concentration ___ Psychometry concentration

___ Religious Studies

___ Teaching

___ Urban Education

___ Urban Special Education

___ Master of Science

___ Educational Leadership

___ Higher Education/Student Affairs

___ Nursing

___ Sport Management

___ Doctor of Education

___ Doctor of Philosophy

___ Language and Literacy

___ Leadership for the Advancement of Learning and Service

___ Leadership for the Advancement of Learning and Service in Higher Education

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: _____

Hometown Information—This information will be used in the commencement program. If you choose not to fill out this information, we will list your current city and state as your hometown.

Hometown City: _____ Hometown State: _____ If International, Country: _____

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: 414-410-4099 OR email as a scanned attachment to: registrar@stritch.edu.