



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 Fine Arts

_____ Bachelor of 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: _____

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