# GRADUATION APPLICATION

**NAME:** Please print name **legibly** and **exactly** as it should appear on diploma and in the commencement program.

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MERcer ID#:** ____________________________  **HOMETOWN:** ____________________________  City, State and/or Country

*Your name and hometown will be published in the commencement program.*

**ADDRESS:** ____________________________  **EMAIL ADDRESS:** ____________________________

**PHONE NUMBER:** ____________________________

**I PLAN TO SATISFY ALL DEGREE REQUIREMENTS:**  
- [ ] Spring    
- [ ] Summer    
- [ ] Fall Semester 20__

**SCHOOL:**  
Georgia Baptist College of Nursing  
McAfee School of Theology  
College of Pharmacy  
College of Health Professions  
Stetson School of Business & Economics  
Tift College of Education  
College of Professional Advancement

**DEGREE:** (Please check)  
- [ ] BSN  
- [ ] MSN  
- [ ] DNP  
- [ ] PhD  
- [ ] MA  
- [ ] MTS  
- [ ] MDIV  
- [ ] DMIN  
- [ ] PharmD  
- [ ] PhD  
- [ ] PharmD/PhD  
- [ ] MMSc  
- [ ] MPH  
- [ ] DPT  
- [ ] PsyD  
- [ ] BBA  
- [ ] MBA  
- [ ] MACC  
- [ ] MSBA  
- [ ] MBA/MACC  
- [ ] MAT  
- [ ] MEd  
- [ ] EdS  
- [ ] PhD

*Please refer to the current Mercer University Catalog or consult with your advisor for all policies pertaining to degree requirements.*

- [ ] I plan to attend the Commencement Ceremony in **May, 20__**. (One ceremony each year)
- [ ] I do **not** plan to attend the Commencement Ceremony.

---

**NOTE:** Undergraduate students planning to satisfy degree requirements during the summer semester following the commencement ceremony must complete the Special Request to Participate in Commencement Ceremonies form to participate.  
Graduate students planning to satisfy degree requirements during the summer semester following the commencement ceremony must receive special permission from their individual college to participate in the commencement ceremony.

If any information (address, name, graduation term, etc.) changes after you submit this form, please notify the Atlanta Registrar’s Office immediately.

**Student Signature:** ____________________________  **Date:** ________________