MERCER UNIVERSITY

Cecil B. Day Campus
3001 Mercer University Drive, Atlanta, GA 30341-4155
Registrar's Office 678-547-6263
FAX 678-547-6137

GRADUATION APPLICATION

Please return form to the Registrar's Office (Davis Building) or fax to 678-547-6137

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

_____
First Middle Last

HOMETOWN: _____
City, State and/or Country

Note: Your name and hometown will be published in the commencement program and news releases.

MUID#: _____ **ADDRESS:** _____
_____
_____

DAYTIME PHONE: _____
HOME PHONE: _____ **E-MAIL ADDRESS:** _____
CELL PHONE: _____

WHEN DO YOU EXPECT TO COMPLETE ALL DEGREE REQUIREMENTS: _____
Term Year

SCHOOL:	**DEGREE:** (Please circle)			
Georgia Baptist College of Nursing	BSN	MSN	PHD	DNP
McAfee School of Theology	M.A.	M.Div.	D.Min	
College of Pharmacy & Health Sciences	MMS	Pharm D.	PharmD/PhD	PHD
Stetson School of Business & Economics	BBA	MBA	MACC	
Tift College of Education	MAT	MED	EDS	PHD
College of Continuing & Professional Studies	MS	EDS	PHD	

Refer to the current *Mercer University Bulletin* or check with your advisor for all policies pertaining to degree requirements.

_____
Signature Date

Rev 07/10

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Print Form