Office of the Registrar

100 Ochre Point Avenue   Newport, Rhode Island 02840-4192   Telephone 401-341-2943   Fax 401-341-2996

APPLICATION TO GRADUATE
GRADUATE PROGRAMS

INSTRUCTIONS:
1. Complete items 1 - 6 below, and *sign your name*. **USE BALL POINT PEN.** DO **NOT** USE FELT TIP!
2. On reverse side indicate:
   · Correct spelling of your name, as you wish it to appear on your diploma (no titles).
   · Your specific degree program (and concentration, if any)
3. Send this completed form to the Graduate Studies Office at 51 Shepard Avenue Newport, RI 02840 or
   graduate_studies@salve.edu.   Your Graduate Program Director will audit your record **and sign this form**.
   The Graduate Studies office will forward the signed form to the Office of the Registrar.

   Financial Responsibility: Graduation fees will be charged to the student account at the time this form is submitted. The University reserves the right to prevent participation in Commencement ceremonies and hold diplomas, transcripts, and records until financial obligations have been met in full.

1. Print Student Name: *Last* _____ *First* _____ *MI* ____

2. Date of Birth: _____ / _____ / _____ (Month/Day/Year)

3. **Current address**

Number & Street: _____

City, State, Zip Code: _____

Telephone (Work): (_____) _____-_____   Telephone (Home): (_____) ____-_____

Telephone (Cell): (_____) _____-_____   E-Mail: _____

4. **Diploma mailing** address & telephone number (if not attending):

Number & Street: _____

City, State, Zip Code: _____

Telephone (Work): (_____) _____-_____   Telephone (Home): (_____) ____-_____

5. I plan to complete requirements for*:*

                December 31, 2015   May 15, 2016   August 31, 2016

    REMINDERS: **All** Degree requirements must be completed before the Commencement Date noted.
                 All online self-paced course work must be submitted at least 14 days before Commencement.

6. All degree requirements will be completed by (Month & Year): __

Special notes to the Registrar (if any):

_____

_____

7. **Student signature:** _____**Date:** _____

OFFICE USE ONLY
Notes:

PRINT DIPLOMA NAME: (First Middle Last) _____

<p align="center">Print Name EXACTLY as you wish it to appear on your diploma</p>

<p align="center">AUDIT BY GRADUATE PROGRAM DIRECTOR</p>

Degree and Program

[] Master of Arts (MA)   [] Master of Science (MS)   [] Master of Business Administration

    [] Applied Behavior Analysis
    [] Holistic Counseling   [] Administration of Justice and Homeland Security
    [] Holistic Leadership   [] Health Care Administration & Management
    [] Humanities   [] Management
    [] International Relations
    [] Rehabilitation Counseling

Where authorized, indicate the student's *Concentration* in the program: _____

[] Doctor of Philosophy (Ph.D.) Humanities

CREDIT SUMMARY: _____ Credits required for degree
                      _____ - Transfer credits (from: _____)
                      _____ = Total credits to be completed at Salve Regina University

OUTSTANDING COURSES REQUIRED IN PROGRAM:

_____   _____   _____   _____
Course Code   *Course Code*   *Course Code*   *Course Code*

Signature of Graduate Program Director: _____ DATE: _____

<p align="center">*GRADUATION AUDIT*
OFFICE OF THE REGISTRAR</p>

CREDIT SUMMARY: GPA SUMMARY:
_____ Credits earned to date   _____ GPA requirement satisfied: 3.0 or above

_____ + Credits registered & in progress   _____ GPA at or below minimum. See Dean

_____ + Additional credits needed (not yet registered)

_____ = *Total Credits*

COMMENTS:
_____
_____
_____

Anticipated Date: _____   Date Audited: _____
Anticipated Class of: _____
Audited by: _____