



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) Student ID

3. Current address

Number & Street:

City, State, Zip Code:

Telephone (Work): Telephone (Home):

Telephone (Cell): E-Mail:

4. Diploma mailing address & telephone number:

Number & Street:

City, State, Zip Code:

Telephone (Work): Telephone (Home):

5. I plan to complete requirements for:

December 31, 2016 May 18, 2017 August 31, 2017

REMINDERS: All Degree requirements must be completed before the Commencement Date noted.

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

Special notes to the Registrar (if any):

Two horizontal lines for special notes.

7. Student signature: Date:

OFFICE USE ONLY box with Notes: line

PRINT DIPLOMA NAME: (First Middle Last) _____
Print Name EXACTLY as you wish it to appear on your diploma

AUDIT BY GRADUATE PROGRAM DIRECTOR			
Degree and Program			
<input type="checkbox"/> Master of Arts (MA) (Choose One) <input type="checkbox"/> Applied Behavior Analysis <input type="checkbox"/> Holistic Counseling <input type="checkbox"/> Holistic Leadership <input type="checkbox"/> Humanities <input type="checkbox"/> International Relations <input type="checkbox"/> Rehabilitation Counseling	<input type="checkbox"/> Master of Science (MS) (Choose One) <input type="checkbox"/> Administration of Justice and Homeland Security <input type="checkbox"/> Health Care Administration & Management <input type="checkbox"/> Innovation and Strategic Management <input type="checkbox"/> Nursing	<input type="checkbox"/> Master of Business Administration	
Where authorized, indicate the student's <i>Concentration</i> in the program: _____			
<input type="checkbox"/> Doctor of Philosophy (Ph.D.) Humanities <input type="checkbox"/> Doctor of Nursing Practice			
CREDIT SUMMARY: _____ Credits required for degree _____ - Transfer credits (from: _____) _____ = Total credits to be completed at Salve Regina University			
OUTSTANDING COURSES REQUIRED IN PROGRAM:			
_____	_____	_____	_____
<i>Course Code</i>	<i>Course Code</i>	<i>Course Code</i>	<i>Course Code</i>
Signature of Graduate Program Director: _____			DATE: _____

GRADUATION AUDIT OFFICE OF THE REGISTRAR	
CREDIT SUMMARY: _____ Credits earned to date _____ + Credits registered & in progress _____ + Additional credits needed (not yet registered) _____ = <i>Total Credits</i>	GPA SUMMARY: _____ GPA requirement satisfied: 3.0 or above _____ GPA at or below minimum. See Dean
COMMENTS: _____ _____ _____	
Anticipated Date of Completion: _____	Date Audited: _____
Anticipated Class of: _____	
Audited by: _____	