Date Stamp

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*:*

May 18, 2014 August 31, 2014 December 31, 2014

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) _____

Print Name EXACTLY as you wish it to appear on your diploma

AUDIT BY GRADUATE PROGRAM DIRECTOR

Degree and Program

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

[] Applied Behavior Analysis
[] Holistic Counseling
[] Holistic Leadership
[] Humanities
[] International Relations
[] Rehabilitation Counseling

[] Administration of Justice and Homeland Security
[] Health Care Administration & Management
[] Management

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: _____

GRADUATION AUDIT
OFFICE OF THE REGISTRAR

CREDIT SUMMARY:
_____ Credits earned to date

_____ + Credits registered & in progress

_____ + Additional credits needed (not yet registered)

_____ = *Total Credits*

GPA SUMMARY:
_____ GPA requirement satisfied: 3.0 or above

_____ GPA at or below minimum. See Dean

COMMENTS:
_____
_____
_____

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