



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 Office of the Registrar 100 Ochre Point Avenue Newport, RI 02840 or sruregistrar@salve.edu. Your Graduate Program Director will audit your record and sign this form.

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, 2017 May 17, 2018 August 31, 2018

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):

Horizontal lines for special notes

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

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

Doctor of Philosophy (Ph.D.) Humanities
 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
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COMMENTS:

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