



**APPLICATION FOR CLASS of 2020 GRADUATION**  
APPLICATION TO BE COMPLETED BY GRADUATION CANDIDATES ONLY

Please complete this application in full and submit it to the Registration and Records Office in Room 127 or FAX 513-585-3448 or email [susan.mack@thechristcollege.edu](mailto:susan.mack@thechristcollege.edu) or mail to Registrar, The Christ College of Nursing & Health Sciences, 2139 Auburn Ave., Cincinnati, OH 45219 at least 45 days prior to the Ceremony. If the application is incomplete or illegible, it will be returned to you.

**Please print your name CLEARLY AND EXACTLY as you wish it to appear on your diploma. Please complete with DARK ink.**

Name:

_____	_____	_____
First	Middle	Last

**IMPORTANT: Your diploma will be mailed to the address you provide below approximately 30 business days after graduation. If this diploma mailing address changes before then you must provide the Registrar’s Office with the new address to mail your diploma. We do NOT use the address in SONIS. We use only the address below.**

Mailing Address for Diploma: \_\_\_\_\_  
Street

\_\_\_\_\_

City	State	Zip
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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal E-Mail Address: \_\_\_\_\_

When will you complete Graduation Requirements? (Check one)  August 2020  December 2020

Degree: (please check one)  Bachelor of Science in Nursing  Bachelor of Science in Health Care Administration  
 Associate of Applied Science in Medical Assisting  Associate of Science in General Studies

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date