

# Petition for Graduation 2011-2012

## Directions

Complete this form if you are an undergraduate petitioning to graduate. Please read it carefully and complete all the relevant items requested. Students enrolled in the graduate programs of either Mayes College of Healthcare Business and Policy or College of Graduate Studies should obtain a petition from their Dean's Office. In order to graduate, students must satisfy all graduation requirements as outlined in the Student Handbook. Be sure to sign this form at the bottom and submit it to the Registrar's Office.

**Please print your name** as you would like to see it printed on your diploma and in the Commencement Program. The name you provide on this form will only affect those two documents. If you submit a name that is different from what is on official USciences records, it will not change what is on USciences records (including your official transcript). You must file a name change form with the Registrar's Office in order for your University records to reflect a name change. There is a space for the phonetic description of your name as you would like it pronounced at Commencement. The name announced at Commencement will be the same name as on your diploma and in the Commencement Program.

## Degree

Anticipated graduation date (please check one):

- July 2011 (submit by May 20, 2011)  
 September 2011 (submit by July 11, 2011)  
 November 2011 (submit by September 9, 2011)  
 January 2012 (submit by September 9, 2011)  
 May 2012 (submit by January 27, 2012)

Check anticipated degree and major:

- Bachelor of Science in
- Biochemistry
  - Bioinformatics
  - Biology
  - Chemistry
  - Computer Science
  - Environmental Science
  - Humanities and Science
  - Medical Technology
  - Microbiology
  - Pharmaceutical & Healthcare Business
  - Pharmaceutical & Healthcare Studies
  - Pharmaceutical Chemistry
  - Pharmaceutical Marketing and Management
  - Pharmaceutical Sciences
  - Pharmacology and Toxicology
  - Physics
  - Psychology
  - Other \_\_\_\_\_
- Bachelor of Science in Health Science
- Exercise Science & Wellness Management
  - Fitness and Health Management
  - Health Science
  - Physician Assistant Studies
- Master of Occupational Therapy
- Doctor of Pharmacy
- Doctor of Physical Therapy

Minor (please indicate): \_\_\_\_\_

## Name and Personal Information

Check one:  Male  Female

USciences Student ID or Social Security Number \_\_\_\_\_

Last (see directions at left) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Phonetic pronunciation of name \_\_\_\_\_

Email Address \_\_\_\_\_

## Commencement

Students checking "Yes" must attend rehearsal or forfeit their right to participate in the graduation exercises. If you intend to participate in Commencement, please be sure to complete the cap and gown information. Please check one:

- Yes, I plan to participate in the May 2012 Commencement ceremony  
 No, I will not participate in the May 2012 Commencement ceremony

## Cap and Gown

Height \_\_\_\_\_ *feet* \_\_\_\_\_ *inches* \_\_\_\_\_ *lbs.* \_\_\_\_\_  
*Weight*

Caps:  One size fits all  I need a larger size

## Media Release

Complete this section only if you would like a press release sent to your hometown newspaper.

Parents' names \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Newspaper name and city \_\_\_\_\_

Please list extracurricular activities \_\_\_\_\_

## Signature

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

Date \_\_\_\_\_