PETITION TO GRADUATE

LAKEVIEW COLLEGE OF NURSING

RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE THE SEMESTER BEFORE YOU INTEND ON GRADUATING. AFTER YOU HAVE RETURNED THIS FORM, THE REGISTRAR WILL DO A COMPLETE DEGREE AUDIT. YOU WILL RECEIVE A COPY OF THIS PETITION BACK ONCE COMPLETED AND IF ANYTHING IS OUTSTANDING IT WILL BE LISTED BELOW. **(please allow approx. 30 days)**

*** PLEASE PRINT ALL INFO ***

GRADUATE NAME: _____

GRADUATION DATE: _____ *(Please indicate month & year)*

CAMPUS: **[ ] EIU** **[ ] DANVILLE**

PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:

I PLAN TO PARTICIPATE IN COMMENCEMENT CEREMONY **[ ] YES** **[ ] NO**

SIGNED: _____ **DATE :** _____

I understand that all financial obligations (tuition, fees/fines, etc.) as well as all graduation requirements must be met in order to graduate.

FOR REGISTRAR'S OFFICE USE ONLY

Remaining Nursing Classes Needed: All pre-req's met [ ] yes [ ] no

[ ] N301 [ ] N302 [ ] N305 Missing: _____
[ ] N306 [ ] N307 [ ] N308 _____
[ ] N309 [ ] N310 [ ] N403 _____
[ ] N404 [ ] N405 [ ] N408 _____

All nursing graduation requirements will be met after completion of the following sememster Spring _____ Fall _____