APPLICATION FOR UNDERGRADUATE DEGREE
College of Nursing

SUBMIT THIS APPLICATION TO THE OFFICE OF THE REGISTRAR IN BAYLEY HALL BY DECEMBER 10 OF THE YEAR PRECEDING YOUR PLANNED GRADUATION DATE. NOTIFY THE OFFICE OF THE REGISTRAR IF YOU MUST CHANGE YOUR EXPECTED COMPLETION DATE.

Date _____ **SID** _____ - _____

Name _____

Address _____
Street

_____ _____
City State ZIP Resident Box number

_____ _____
Telephone Cell Phone

SHU E-Mail address: _____@shu.edu Personal Email address: _____

I plan to complete my degree requirements as of:
Spring 20____ Summer (includes intersession)* 20 __ Fall 20____
Note: Indicate your actual semester of completion. If you want to walk in May but you need to take courses (6 credit or 2 course maximum) in the summer/fall, check the actual term of completion and DO NOT check Spring. To walk in May, file an Application to Walk by April 5; complete eligibility criteria appear on the Application to Walk form.

Major: Nursing 2nd Major _____ Minor _____

Important Notes:
View your degree audit on-line using the piratenet portal. Contact your adviser with any questions regarding degree eligibility.

1. **The degree audit assumes successful completion of all courses in progress (courses with grades of Incomplete are not factored into credit tallies).**
2. **The profile of outstanding degree requirements may be affected by schedule adjustments (add-drop transactions) and by the addition/deletion of a second major or minor.**
3. **Previously authorized waivers or substitutions should be reflected on your degree audit. These changes must be approved in writing on a Curriculum Adjustment Form and submitted to the Office of the Registrar. Allow several weeks for processing.**
4. **If you need assistance in interpreting your degree audit, please contact your adviser.**

The Registrar's Office will notify you of any apparent discrepancies in your degree eligibility following preregistration and/or the end of the add-drop period of your expected semester of graduation. Notification will be by mail and/or e-mail.

Applic Coded:	Date:	
Disc Sent – Email Sent	Date:	
Disc Sent – Email Sent	Date:	
Disc Sent – Email Sent	Date:	

Contact Record:

Date	Office Visit-Call	Notes