

## Application for Doctorate Degree

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Name: \_\_\_\_\_ ID# \_\_\_\_\_  
*Last Name First Name Middle Name*

I wish to apply for a Doctorate of Nursing Practice at the conclusion of the \_\_\_\_\_ Fall Semester, 20\_\_\_\_ Spring Semester, 20\_\_\_\_  
Summer Semester, 20\_\_\_\_

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**Permanent Home Address:** *(Please note, if you do not pick up your diploma at the Office of the Registrar, it will be mailed to the address you provide here.)*

\_\_\_\_\_  
*Number and Street Phone*

\_\_\_\_\_  
*City State Zip Country*

Local Address where I can be reached until the time of Commencement:

\_\_\_\_\_  
*Number and Street City State Zip Code Phone*

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I will type my legal name below as I wish it to appear on my diploma.  
*(Please make sure to show all upper and lower cases, spacings, hyphenations or other accent marks. You may handwrite accent marks.)*

\_\_\_\_\_  
*First Name Middle Name Last Name*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not write below this line.*

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Total number of hours required for this degree: \_\_\_\_\_

Decision of the Graduate Program Director/Graduate Dean:

All degree requirements have been completed.

Approved subject to successful completion of the following items:

Current coursework (specify): \_\_\_\_\_

Transfer of credit (specify): \_\_\_\_\_  
*Number of hours Name of Institution Year & Term taken*

Thesis Other (specify): \_\_\_\_\_

Disapproved because of the following: \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate Program Director Date

\_\_\_\_\_  
Signature of Graduate Dean Date

Office \_\_\_\_\_ k  
Entered in \_\_\_\_\_  
Banner \_\_\_\_\_ Approval conditions  
in Banner \_\_\_\_\_