MERCY COLLEGE OF HEALTH SCIENCES
A partner with Mercy Medical Center – Des Moines

Please print out and complete this form and return it to: Mercy College of Health Sciences, Office of the Registrar, 921 6th Avenue, Suite A, Des Moines, IA 50309-1222

Graduation Application

APPLYING FOR GRADUATION

Commencement Ceremonies are held at the end of both Spring and Summer Terms. Fall Graduates are welcome to participate in the Spring Commencement Ceremony. Please return this form by the deadline even if you do not plan to attend the ceremony. This information is needed to finish processing your transcript and to mail your diploma.

You may apply for graduation from the Registrar's Office in any of the following ways:

1. **By Mail**. Please print out and complete the application and return it to:
   Mercy College of Health Sciences, Office of the Registrar
   921 6th Avenue, Suite A, Des Moines, Iowa 50309-1222
2. **By Fax.** Please print out, complete and fax to (515) 643-6702.
3. **Online.** Complete and submit the online application form at www.mchs.edu/graduation_app_form.cfm.

Please complete all information. Please print clearly. Black or blue ink only.

_____ _____
Social Security Number Major

When do you expect to receive your degree _____/_____
Month Year

*DIPLOMA INFORMATION - PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DEGREE.

(NOTE: Graduate's name will be printed in the Commencement Ceremony program.)

_____
* First Name * Middle Name * Last Name

Hometown (to be printed in the graduation program): _____

I authorize Mercy College of Health Sciences to release my transcript for licensing exam purposes. ❑ Yes ❑ No

COMMENCEMENT CEREMONY

(NOTE: All graduated are assessed the $100 graduation fee regardless of attendance.)

❑ I plan to attend the commencement ceremony.

❑ I do not plan to attend the commencement ceremony.

CONTACT INFORMATION AFTER GRADUATION

_____
Number and Street City State Zip Code

(_____) _____ _____
Daytime Phone Number Email Address

PARENT CONTACT INFORMATION

_____ (_____) _____
Name(s) Daytime Phone Number

_____
Number and Street City State Zip Code

SECONDARY CONTACT INFORMATION

(NOTE: Name of another person who will always know your address.)

_____ (_____) _____
Name(s) relationship Daytime Phone Number

_____
Number and Street City State Zip Code

IF YOU PLAN TO CONTINUE YOUR EDUCATION AFTER GRADUATION, PLEASE INDICATE:

_____
Name of School Location Field of Study

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