

Logan University
Application to Graduate

Full Name _____	Graduation Year/ Term _____
Logan Student ID # or last 4 digits of SSN _____	Date of Birth _____
Diploma Name: (Printed on diploma and in the program) _____	Phonetic Pronunciation of Name _____

Bachelor of Science Degree ___ Human Biology ___ Life Science	Master of Science Degree ___ Health Informatics ___ Sports Science & Rehabilitation ___ Nutrition & Human Performance NHP Concentrations (Pick One) ___ Health Education and Promotion ___ Integrative Nutrition and Practice ___ Nutritional Wellness ___ Sports and Fitness Nutrition	Doctoral Degree ___ Chiropractic ___ Health Professions Education
Previous Graduate Degrees Earned _____ _____		
Diploma Mailing Address: (Forwarding address that will be used after graduation) Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Email address: _____		

Please indicate whether or not you will attend the commencement ceremony

I **WILL** attend

I **WILL NOT** attend *** Note: Attendance is required for DC Graduates, unless approved by the Dean of the College of Chiropractic. ***

****By signing this document, you authorize your inclusion in all graduation-related publications, including the commencement program, unless you have requested that your FERPA directory information be restricted.**

****By signing this document, you acknowledge that you have thoroughly read and agree to the statements above. In addition, you acknowledge that participating in a commencement ceremony does NOT guarantee that you have met all degree requirements, and that your degree cannot be officially awarded until the successful completion of all required coursework is confirmed by Academic Success Coaches, Dean's and Registrar.**

**** By signing this document, you acknowledge that you understand that failure to complete graduation checkout with the Bursar's Office, Financial Aid, and Student Affairs will result in a hold placed on your transcript.**

Student's Signature: _____ Date: _____

Academic Success Coach Signature: _____ Date: _____

Please submit this form to Registrar@logan.edu or Fax to 636-207-2431