

# GRADUATION APPLICATION



**Name:** \_\_\_\_\_

Please **CLEARLY PRINT** your name **EXACTLY** as it should appear on your diploma/certificate. This will also be how it is listed in the commencement program.

**Anticipated Graduation Date:** \_\_\_\_\_ **Personal Email** \_\_\_\_\_

Please provide a phonetic spelling if you think it is necessary. \_\_\_\_\_

## Degree(s) – please check all that apply:

- Doctorate of Naturopathy
- Master of Science in Oriental Medicine
- Master of Acupuncture
- Master Science Integrative Research
- Master Science Global Health
- Master Science Nutrition
- Master Science Mental Health
- Doctor of Oriental Medicine
- Bachelor Science Integrative Health Science
- Bachelor Science Nutrition

## Certificate(s) please check any that apply:

- Homeopathy Certificate
- Natural Childbirth Certificate
- Certificate of Advanced Studies in Classical Chinese Medicine
- Qigong Certificate
- Shiatsu Certificate

Indicate other advanced degrees you have earned, **prior to attending NUNM**, if you would like it indicated in the commencement program. Degrees must be verifiable by official transcripts on file in the Registrar's Office. Please check any that apply:

- M.A.     M.S.     N.D.     D.C.     Ph.D.     Other: \_\_\_\_\_

## Graduation Attendance:

- I will participate in the graduation ceremony in June.
- I will **NOT** participate in the graduation ceremony in June.

By signing below,

- I affirm that I have reviewed this form, my degree audit, and intend on completing my graduation requirements in June; or
- Please update my records. I expect to complete my requirements by \_\_\_\_\_.

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to the Registrar's Office by April 10<sup>th</sup>

Updated: 11/30/2017