



Sherman College of Chiropractic

APPLICATION FOR DEGREE

CONFIRM your anticipated COMPLETION DATE: (circle one)

March

June

September

December

YEAR

PRINTED NAME ON DIPLOMA:

CLEARLY PRINT your name below exactly as it should appear on your diploma:

FIRST NAME

MIDDLE NAME

LAST NAME

HOME STATE OR HOME COUNTRY as it should appear in the commencement program

NAME PRONUNCIATION:

IF YOUR NAME IS FREQUENTLY MISPRONOUNCED, spell your name phonetically.
This information will be used for the purpose of announcing your name at commencement.

FIRST NAME

MIDDLE NAME

LAST NAME

If your name is frequently mispronounced, indicate with what it rhymes:

FIRST NAME

MIDDLE NAME

LAST NAME

CONTACT INFORMATION:

PROVIDE the best address and phone number where you may be reached after graduation.

PHONE NUMBER

EMAIL ADDRESS

AUTHORIZATION:

By submitting this application I am indicating that it is my intention to graduate from Sherman College of Chiropractic and that all the information I am providing is accurate and up-to-date. I understand that it is my responsibility to report any changes to information provided in this application immediately to the Registrar's Office.

STUDENT SIGNATURE

DATE