



GRADUATE GRADUATION APPLICATION

Due on: October 1 for December Graduation • February 1 for May Graduation • July 1 for August Graduation

Jersey City Campus

SPIRIT ID # _____ Class Year 20 _____ Englewood Cliffs

NAME – AS IT WILL APPEAR ON DIPLOMA – PRINT LEGIBLY

*Last Name _____ First Name _____ Middle _____

*This must be your legal name – attach documentation if the name you provide does not match our records. Please be specific regarding accents and spacing. Middle name or initial is optional.

PAYMENT

\$125 Non-refundable Graduation Fee *All students will be charged an additional \$25 fee if application is not submitted by due date*

Cash (for in person transactions only) or Money Order Check No. _____

Credit Card No. _____ Exp.Date / Vcode _____

COMPLETION OF COURSE WORK:

(Check one box in this section)

December Graduate

- Fall Semester
- Fall Trimester

May Graduate

- Winter Trimester
- Spring Semester
- Spring Trimester

August Graduate

- Summer

If your coursework will not be completed by the term indicated above, please notify the Enrollment Services Center immediately, via phone (201) 761-6050, fax (201) 761-6051 or email registrar@spc.edu.

Graduate Degrees: (Check where appropriate)

Master of Arts in Education (MAED)

- Comprehensive Exam: Passed Scheduled _____ Date _____
- Educational Leadership Reading Special Education School Counseling Teaching

Master of Business Administration (MBA)

- Finance Health Care Admin. Human Resource Mgmt Marketing Management
- International Business Management Info. Systems Risk Management

Master of Science in Accountancy (MSA) Dual Degree: MBA/MSA

Master of Science Nursing (MSN) Dual Other _____

Other than SPC courses, the following credits should appear on my transcript:

CLEP Exam _____ Portfolio Exam _____ NYU Proficiency Exam _____

Transfer Credits from _____ Institution & Credits Rec'd _____

Please provide a mailing address for your diploma. The address listed below is to be used for (check one only) Permanent Address Mailing the diploma only

Rev. 1/21/11

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Student Signature _____ Date _____

All graduation candidates must submit this application to satisfy graduation requirements.

Saint Peter's College • Enrollment Services Center • 2641 Kennedy Blvd • Jersey City • NJ • 07306

Office Use:	
Rec'd Date	____/____/____
<input type="checkbox"/> Payment	_____
Initial & Date	_____
<input type="checkbox"/> SGRD	____/____/____
Date	_____
<input type="checkbox"/> Sent to Dean	_____
Initial & Date	_____