

Application for Graduation

UAMS COLLEGE OF NURSING

Please **legibly print** your name as you would like for it to appear on your diploma (no nicknames, please):

First Middle Last

Graduation Term and Year: _____ (Example: Spring 2015)

Degree: BSN MNSc DNP

Other Names used at UAMS _____

Commencement is held in once a year in May. Graduates during the summer and fall may still participate in the ceremony the following spring. Do you plan to participate in the next May commencement ceremony? Yes No

If "Yes" to the question above, please provide the following pertaining to commencement regalia:

- 1) Cap Size _____ (We can measure for you, or you can measure the circumference of your head and report it in inches.)
- 2) Height with Shoes: Feet _____ Inches _____
- 3) Weight _____

UAMS may release notice of graduation to your local newspaper. Please complete this portion if you wish to grant UAMS permission to do so.

Hometown _____

City State

Hometown Newspaper(s) _____

Signature Date

Please complete and return this form to the Office of the University Registrar:

In Person: CHP Complex, Building 2, Room 100
Fax: 501-526-3220
Scan and email: registrar@uams.edu
Mail: 4301 W. Markham #767, Little Rock, Arkansas 72205