

Undergraduate

Petition for Graduation 2009-2010

Directions

Complete this form if you are an undergraduate petitioning to graduate. Please read it carefully and complete all the relevant items requested. Students enrolled in the graduate programs of either Mayes College of Healthcare Business and Policy or College of Graduate Studies should obtain a petition from the their Dean's Office. In order to graduate, students must satisfy all degree requirements as outlined in the Student Handbook. Be sure to sign this form at the bottom and submit it to the Registrar's Office.

Please print your name as you would like to see it printed on your diploma and in the Commencement Program. The name you provide on this form will only affect those two documents. If you submit a name that is different from what is on official USP records, it will not change what is on USP records (including your official transcript). You must file a name change form with the Registrar's Office in order for your University records to reflect a name change. There is a space for the phonetic description of your name as you would like it pronounced at Commencement. The name announced at Commencement will be the same name as on your diploma and in the Commencement Program.

Degree

Anticipated graduation date (please check one):

- July 2009 (submit by May 15, 2009)
- September 2009 (submit by July 7, 2009)
- November 2009 (submit by September 11, 2009)
- January 2010 (submit by September 11, 2009)
- May 2010 (submit by January 29, 2010)

Check anticipated degree and major:

- Bachelor of Science in
 - Biochemistry
 - Bioinformatics
 - Biology
 - Chemistry
 - Computer Science
 - Environmental Science
 - Health Psychology
 - Humanities and Science
 - Medical Technology
 - Microbiology
 - Pharmaceutical & Healthcare Studies
 - Pharmaceutical Chemistry
 - Pharmaceutical Marketing and Management
 - Pharmaceutical Sciences
 - Pharmacology and Toxicology
 - Psychology
 - Other _____
- Bachelor of Science in Health Science
 - Fitness and Health Management
 - Health Science
 - Physician Assistant Studies
- Master of Occupational Therapy
- Doctor of Pharmacy
- Doctor of Physical Therapy

Minor (please indicate): _____

Name and Personal Information

Check one: Male Female

USP Student ID or Social Security Number

Last (see directions at left)

First

Middle

Phonetic pronunciation of name

Email Address

Commencement

Students checking "Yes" must attend rehearsal or forfeit their right to participate in the graduation exercises. If you intend to participate in Commencement, please be sure to complete the cap and gown information. Please check one:

- Yes, I plan to participate in the May 2010 Commencement ceremony
- No, I will not participate in the May 2010 Commencement ceremony

Cap and Gown

feet inches lbs.

Height

Weight

Caps: One size fits all I need a larger size

Media Release

Complete this section only if you would like a press release sent to your hometown newspaper.

Parents' names

Home address

City

State

Zip

County

Newspaper name and city

Please list extracurricular activities

Signature

Student Signature

Date