



CANDIDATE FOR PROGRAM COMPLETION

HOLY NAMES UNIVERSITY, OAKLAND, CALIFORNIA

MASTER
Social Security No. XXX – XX - _____

Expected date of program completion: May August December Year _____

- Master of Arts in _____
- Master of Education – Concentration: _____
- Master of Music – Concentration: _____
- Master of Business Administration – Concentration: _____
- Master of Science in Nursing – Concentration: _____
- Concurrent Certificate
or Credential in: _____

(If certificate/credential and degree are earned on the same date, no additional paperwork or fee is required.)

Student's Signature _____ **Date** _____

Advisor's Signature _____ **Date** _____

Do you intend to participate at the Commencement Ceremony this May? YES NO

Are you the first person in your family to graduate from Holy Names? YES NO

Note: Graduate students who are enrolled in their last units in the Spring Semester and have a grade point average of 3.0 and will complete all culminating activities by the ceremony date are eligible to participate in the ceremonies.

Print your name below EXACTLY as you want it on your diploma:

FIRST NAME

MIDDLE NAME(S) OR INITIAL(S)

LAST NAME

How do you pronounce your name? _____

Your address **PRIOR** to Commencement: Email _____ Phone () _____

STREET

CITY

STATE

ZIP

Your address **AFTER** Commencement: SAME AS ABOVE Phone () _____

STREET

CITY

STATE

ZIP

Note: Your diploma will be ordered once all program requirements have been completed and will be mailed to you upon clearance by the Student Accounts Office, Financial Aid Office, and Library. You should receive your diploma approximately 4 months after your degree completion.

We would appreciate having information concerning your plans for the future. These statistical data regarding HNU graduates help us refine our academic programs.

1. Do you have any plans for continuing your education in the future?

- Graduate School Credential Program Professional Training No continuing education plans

2. What are your career plans in the future? _____

- Please return this form to: Holy Names University, Student Resource Center
3500 Mountain Boulevard, Oakland, CA 94619-1699
FAX: (510) 436-1199
- A one-time, non-refundable \$150.00 graduation fee will be charged to your student account upon receipt of this form.
- December Candidate Forms due **June 30**; May or August Candidate Forms due **December 1**, Late Fee of \$100.00 will apply after the deadline.