

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
APPLICATION FOR GRADUATION**

Student ID Number: \_\_\_\_\_ Curriculum: \_\_\_\_\_

1. **PRINT or TYPE your name as you want it to appear on your diploma and in the Commencement Book:**

\_\_\_\_\_

<b>First Name</b>	<b>Middle Name or Initial</b>	<b>Last Name</b>
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2. **Permanent Mailing Address: (Your diploma will be mailed to this address)**

\_\_\_\_\_

<b>Number</b>	<b>Street</b>		
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\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>
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3. **Expected Graduation Date:** \_\_\_\_\_

4. **Degree Receiving:** \_\_\_\_\_

5. **\*Attending December Graduation**    \_\_\_ Yes    \_\_\_ No (NO tickets needed)  
**\*Attending May Graduation**        \_\_\_ Yes    \_\_\_ No (tickets needed)

**The College of Allied Health Sciences has my permission to release information from my academic record to any licensure, registration, or certification board, prospective employer, or accrediting agency.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR GRADUATION TICKETS**

Student ID # \_\_\_\_\_ Semester Graduating \_\_\_\_\_

Please Print \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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**DEGREE RECEIVING** \_\_\_\_\_

Local Address \_\_\_\_\_

<b>Number &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Permanent or Forwarding Address \_\_\_\_\_

<b>Number &amp; Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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***\*My signature on this form indicates that I understand that commencement tickets will only be reserved for me if I have indicated that I will attend the commencement ceremony above and return this form.***

**Please complete this form only once for each degree program.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you want your name to appear in the Commencement program?     Yes     No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_