



Graduation Petition Form

Office of the Registrar

Please submit this form no later than **February 28th of the degree conferral year.**

Your diploma will be printed with your legal name as it appears on your government issued ID. If this is not what is on record in SONIS, please also submit a Name Change Request Form with the required supporting documentation so there are no mismatches in the licensure process. Please note that after graduation, no name change will be made to your academic record unless you re-enroll at CHSU.

STUDENT INFORMATION

Legal Name: _____
FIRST MIDDLE/INITIAL LAST

CHSU Email: _____ Preferred Personal Email: _____

Preferred Phone Number: _____ Expected Degree Requirement Completion: _____
MONTH YEAR

Permanent Address: _____
STREET (Include apartment #, P.O. Box, etc., if applicable) CITY STATE ZIP

PREFERRED GRADUATION CEREMONY PROGRAM & SLIDESHOW INFORMATION

Preferred Full Name: _____
FIRST MIDDLE LAST

Phonetic Name Pronunciation: _____
(Your name as it **sounds**. Separate syllables by dashes and capitalize emphasized syllables. You may also indicate a word that rhymes with your name.)

Hometown and State: _____

I understand that I must submit all required forms, payments and materials described in the Student Handbook and University Catalog in order to graduate and/or receive my diploma. If I have not satisfied all requirements for the degree for which I have applied, California Health Sciences University will not grant my degree. My signature below indicates my understanding and agreement to the above.

Student Signature: _____ Date: _____

For Office of Registrar Use Only

Date Received: _____ Received By: _____ Date Processed: _____