

**MOUNT ST. JOSEPH UNIVERSITY**  
**Petition for Review of Completed Degree Requirements**

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Degree requirements will be completed: \_\_\_\_\_ (mo/year)

I plan to participate in Commencement:  May \_\_\_\_\_ (year)  Not participating

Please check your appropriate degree:

- |                                      |  |  |
|--------------------------------------|--|--|
| _____ Associate in Arts              | _____ Master of Arts (Education)             | _____ Master of Science in Org. Leadership   |
| _____ Associate in Science           | _____ Master of Arts (Teaching)              | _____ Master of Business Administration      |
| _____ Bachelor of Arts               | _____ Master of Arts (Religious Studies)     | _____ Masters in Physician Assistant Studies |
| _____ Bachelor of Science            | _____ Master of Science in Nursing (MAGELIN) | _____ Doctor of Nursing Practice             |
| _____ Bachelor of Fine Arts          | _____ Master of Science in Nursing           | _____ Doctor of Physical Therapy             |
| _____ Bachelor of Science in Nursing | _____ Certificate: _____                     |  |

For **undergraduate** degrees, please verify major, minor and/or concentration information.

MAJOR	MINOR	CONCENTRATION
1)	1)	1)
2)	2)	2)

**I understand that my diploma will be awarded as of the next official graduation date after the completion and verification of my degree requirements. The Mount's official graduation dates (sessions earned degrees are awarded on your transcript and printed on your diploma) are the last day of the academic calendar sessions in August, December and May. All financial obligations to Mount St. Joseph University must be met before release of a diploma and/or transcript.**

**Please PRINT OR TYPE LEGIBLY YOUR NAME FOR DIPLOMA PRINTING.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 (Street) **DIPLOMA WILL BE MAILED TO THIS ADDRESS** (City/State/Zip)

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

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

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

**Please return this form to the Registrar's Office in the Conlan Center or email the form to [Registrar@msj.edu](mailto:Registrar@msj.edu)**

Registrar Office Use ONLY:

Date Received: \_\_\_\_\_ Degree Posting Date: \_\_\_\_\_ Initials: \_\_\_\_\_