

## Office of the Registrar

## **Borra College of Health Sciences**

Name			
Address	City	State	Zip
Home telephone		Work telephone	
Cell phone	E-Ma	il	
4. Completion of minimum	tion for Graduation	on entry year bulletin e program	
a diploma, or request tr	anscripts. Degrees are con	ferred regardless of fina	rticipate in the commencement ceremony, ncial obligation ation fee of \$75 and late fee of \$25
Degree (check one):			
Master of Science-Nu	trition _	Master of Science-	Nutrition with Supervised Practice
Semester which you plan to	graduate:		
FallSpring	Summer	Year	
	appear on your diploma	:	
Your name as you wish it to			
Your name as you wish it to	Please print or type		
	Please print or type	commencement program	
I give permission for my	name to be included in the		
I give permission for my n	name to be included in the	ed in the commencement	