

# Dallas Nursing Institute

## PETITION TO GRADUATE

(PLEASE PRINT LEGIBLY AND RETURN THIS FORM TO THE STUDENT AFFAIRS DEPARTMENT)

Students who intend to graduate this academic year and participate in the commencement ceremony on **Saturday, April 21, 2018** must submit a completed Petition to Graduate Form to the Student Affairs Department **no later than Monday, March 5, 2018.**

### PERSONAL INFORMATION (Please print legibly)

*Please provide your full name below as you would like it to appear on your diploma:*

Name \_\_\_\_\_

*First*

*Middle*

*Last*

*Please provide your name below as you would like it to appear in the graduation program:*

Name \_\_\_\_\_

*First*

*Middle*

*Last*

*Please spell your name phonetically below as you would like it announced at the ceremony:*

Name \_\_\_\_\_

*First*

*Middle*

*Last*

Address\* \_\_\_\_\_ Home Phone Number \_\_\_\_\_

\_\_\_\_\_ Work Phone Number \_\_\_\_\_

\_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

E-mail (Non-DNI address) \_\_\_\_\_

***\*The address information provided above is where final transcripts/diploma will be sent and will be updated as your current mailing address after graduation.***

### DEGREE FOR WHICH YOU ARE PETITIONING: (Please select ONE program and check the adjacent box)

Associate of Applied Science in Nursing Degree (ADN)

Licensed Vocational Nurse Certificate

**COMMENCEMENT PARTICIPATION: (maximum number of guests per graduate = 10)**

Will you participate in the commencement ceremony?  Yes  No

If yes, how many guests will you have (maximum 10)? \_\_\_\_\_

Would you like to order invitations?  Yes  No (If yes, 10 invitations will be ordered for you)

Are you currently a member of the National Technical Honor Society?  Yes  No

**COMMENCEMENT REGALIA**

If you checked "yes" you will be participating in the ceremony above, please fill out the requested information below.  
**Regalia will only be ordered for those participating in the ceremony who have completed the information below.**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you currently employed?  Yes  No  Part-Time(PRN)  Full-Time

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Job Title \_\_\_\_\_

Would you like to be contacted by Career Services for job placement assistance?  Yes  No

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

**FOR OFFICE USE ONLY**

Date Petition Received _____	By: _____	Date Added to Participant List _____	By: _____
Date Education Approved _____	By: _____	Date Regalia Ordered _____	By: _____
Date Library Approved _____	By: _____	Date Diploma Ordered _____	By: _____
Date Student Accounts Approved _____	By: _____	Date Resume on File _____	By: _____