

GRADUATION APPLICATION

College of Allied Health Sciences

jed Health

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE STUDENT

Submit your completed application to College of Allied Health Sciences Academic Advising by the deadline. Email to: CAHSAcademicAdvising@usuhs.edu. Graduation dates and application deadlines can be found at the following link: https://cahs.usuhs.edu/resources/academic-support-center

| | STUDE | NT INFORMATION | | |
|---|---|--|---|--|
| Name: | | | Phone: | |
| Last | First | Middle | | |
| Military Email Address (MANDATORY): | | | Not Applicable: | |
| If you do not have a .m | il email account, please che | ck not applicable above. | | |
| Personal Email Addres | SS: | | | |
| | | | | |
| . Branch of Service: | | | | |
| 2. Degree you are seekin | g: Associate of Science | in Health Sciences (ASHS) | | |
| | Bachelor of Science | in Health Sciences (BSHS) | | |
| Graduation Month Aj | | | | |
| If you are attending a | | neck the applicable box 2) Select y | | |
| Occupa | tional Therapy Assistant | Resp. Care Practitioner | Resp. Care Therapy | |
| and or completion requin selected. Deadlines for e | rements must be received by each graduation month can be | nscripts, and all other documents re- the established deadlines for the mo- found at the College of Allied Hea ademic-support-center. Submit your | onth and year of the graduation you lth Sciences | |

address: CAHSAcademicAdvising@usuhs.edu.

Required Signature: By signing below, I acknowledge that I understand that if this application is incomplete, not submitted by the required deadline or if all degree requirements have not been met, my degree conferral may be delayed until the next graduation or beyond.

Digital Signature Required:

Date:

FOR OFFICIAL CAHS USE ONLY

Degree Level Reviewed: Associate's Degree Bachelor's Degree

OUR QC Completed By:

Students' Responsibilities and Notice

Failure to comply with the following responsibilities may impact your graduation eligibility:

It is the student's responsibility to ensure:

• A completed graduation application is received by CAHS Academic Advisors no later than the established deadline for

the requested graduation month. Send completed Graduation Applications to: CAHSAcademicAdvising@usuhs.edu.

• *Official Transcripts and / or Test Score Reports* (CLEP, AP, etc.) reflecting credits needed to meet degree completion requirements were submitted by the deadline for the requested graduation month using the information provided below.

• Email: transcriptsubmit@usuhs.edu

• Mailing Address: USU College of Allied Health Sciences

Attn: Office of the University Registrar

2787 Winfield Scott Rd. Bldg 2398, Ste 220

JBSA Fort Sam Houston, TX 78234

Student Notice

A degree will not be awarded prior to validation by the Uniformed Services University, Office of the University Registrar that all degree requirements have been met and degree conferral must be approved by the university's President.

If confirmed for degree award, you will be contacted via email by the Office of the University Registrar sometime during the graduation month and be afforded the opportunity to provide the exact name you want on your diploma and the address where you want it mailed. Your diploma will be sent to the address provided 6 to 8 weeks following the graduation date.