The Application for Graduation Form must be completed and signed by you and your Academic Advisor. Please submit your completed Application for Graduation Form to the Registrar, Donna Neff, at the college by: **TUESDAY, NOVEMBER 10, 2023** to be processed for the: **MAY 18, 2024 GRADUATION CEREMONY**.

Incomplete applications will not be accepted. All information required on the Application for Graduation Form must be completed prior to the deadline date. All students must meet graduation requirements as stated in the Saint Francis Medical Center College of Nursing Catalog.

**STUDENTS MUST CLEAR ALL FINANCIAL OBLIGATIONS WITH THE COLLEGE OF NURSING IN ORDER TO ASSURE RELEASE OF THE DIPLOMA AND FINAL TRANSCRIPT.**
SAINT FRANCIS MEDICAL CENTER COLLEGE OF NURSING  
Peoria, Illinois  

AGACNP – MASTER OF SCIENCE IN NURSING  
APPLICATION FOR GRADUATION FORM

NAME: _______________________________ (Last) _______________________________ (First) _______________________________ (Middle)  

PERMANENT ADDRESS: _______________________________  
(City) _____________________________________________ (State) _____________________________________________ (Zip Code) _____________________________________________ (County) _____________________________________________  

Phone#: Home (___) ___________ Cell or Work#: (___) ___________  

BIRTH DATE: _______________  
BIRTHPLACE: _______________________________ (City & State)  

US CITIZEN? Circle: YES or NO  
ALIEN REG # _______________ (If Applicable)  

SEMESTER AND YEAR EXPECTED TO GRADUATE:  
FALL/DECEMBER SEMESTER 20 _____ OR SPRING/MAY SEMESTER 20 _____  

Please PRINT your name below EXACTLY as it is to appear on the DIPLOMA.  

__________________________________________________________  
(PRINT YOUR NAME)  

======================================================================================================  
Do you want an announcement to appear in your local and or parents’ newspaper? _____________  

If YES, please complete the Form on page 4 from the Public Relations Department and return it to the Registrar, Donna Neff at the college by: NOVEMBER 10, 2023.  

__________________________________________________________  
(Student Signature)  

__________________________________________________________  
(Date)
AGACNP – MASTER OF SCIENCE IN NURSING – MSN CURRICULUM (53 sem hrs)

**ADVISOR:** Please refer to your copy of the Student Curriculum/Degree Audit Report.

<table>
<thead>
<tr>
<th>CORE COURSES</th>
<th>Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 Theoretical Foundations</td>
<td></td>
</tr>
<tr>
<td>710 Biostatistics</td>
<td></td>
</tr>
<tr>
<td>707 Epidemiology/Health Promotion in Adv. Nursing Practice</td>
<td></td>
</tr>
<tr>
<td>726 Analysis of EBP</td>
<td></td>
</tr>
<tr>
<td>512 Roles &amp; Issues in Advanced Practice Nursing</td>
<td></td>
</tr>
<tr>
<td>759 Transformation of Health Information Systems &amp; Technology</td>
<td></td>
</tr>
<tr>
<td>815 Org Management and Leadership in HC</td>
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</table>

<table>
<thead>
<tr>
<th>SPECIFIC COURSES</th>
<th>Hours Completed</th>
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</thead>
<tbody>
<tr>
<td>509 Advanced Health Assessment &amp; Reasoning Across the Lifespan</td>
<td></td>
</tr>
<tr>
<td>519 Advanced Pathophysiology Across the Lifespan</td>
<td></td>
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<tr>
<td>529 Advanced Pharmacotherapeutics Across the Lifespan</td>
<td></td>
</tr>
<tr>
<td>511 Differential Diagnosis</td>
<td></td>
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<tr>
<td>620AG Adult and Aging I</td>
<td></td>
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<tr>
<td>622AG Adult and Aging II</td>
<td></td>
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<tr>
<td>632AG Acute Care Diag and Ther</td>
<td></td>
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<td>633AG Application Acute Care Diag and Ther</td>
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<tr>
<td>637AG Acute Care I</td>
<td></td>
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<tr>
<td>638AG Acute Care II</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL SEMESTER HOURS**

Verified by: ____________________________ (Academic Advisor) (Date)
Verified by: ____________________________ (Dean, Graduate Program) (Date)
Form Submitted: ________________________ (Director of Admissions/Registrar) (Date)

Total Program Practicum Hours = 600
Total Credit Hours = 53
The Public Relations Department sends graduation announcements to appropriate newspapers. You are asked to help by supplying the name and email address of the newspapers to which news releases about your academic accomplishment should be sent.

Please complete the form below and return it to the CON. Be sure to include all information requested. Feel free to list more than one newspaper, if applicable.

If you request that a news release be sent to a publication in a city other than the one where you reside, please give the reason. For example, you may indicate that your parents or grandparents live there. You MUST include their names AND the city in which they live. The newspapers will not print the information unless they can somehow connect you to the communities they serve.

You must LEGIBLY PRINT the family members you want listed. Only include parents and grandparents. Block print writing is suggested for clarity. (Ex: PARENTS – BOB AND SUSAN JONES of WASHINGTON; GRANDPARENTS – TED AND ETHEL JONES of SPRINGFIELD, BILL AND BECKY SMITH of BLOOMINGTON)

You MUST list a proper email address for the newspaper. (Ex: news@abcpaper.com, www.abcpaper.com is a website, NOT an email address). Most websites have a “Contact Us” section to find an email for the newsroom or features section – these work best.

The PR Department is not responsible for typos because of illegible handwriting or information not received because of an improper email address.

All news releases are automatically sent to the Peoria Journal Star. Unfortunately, the Journal Star will only run your info, no additional family connections, so no need to submit info if the Journal Star is the only paper your announcement will be sent to.

Student’s Name, City, State: ____________________________________________

Newspaper Name: ______________________________________________________

Newspaper Email: ______________________________________________________

Newspaper City: __________________________ State: __________

Reason for sending news release this publication:
(If it’s the hometown of your parent or grandparents, you must list THEIR NAMES and CITY where they live)

________________________________________________________________________

________________________________________________________________________

Newspaper Name: ______________________________________________________

Newspaper Email: ______________________________________________________

Newspaper City: __________________________ State: __________

Reason for sending news release to this publication:
(If it’s the hometown of your parent or grandparents, you must list THEIR NAMES and CITY where they live)

________________________________________________________________________

________________________________________________________________________

OSF Public Relations Dept  Revised: 06/15/2015