INSTRUCTIONS FOR COMPLETING THE:

DNP

APPLICATION FOR GRADUATION FORM

FOR:

MAY 18, 2024

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: FRIDAY 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

DNP-C - 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      ALIENT 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)

What City/State should be listed for you on the Commencement Program?

==================================================================================

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)

AppforGradFormDNPMAY2024
DOCTORATE OF NURSING PRACTICE CURRICULUM (40 Sem Hrs)

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

## CORE COURSES

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>707 – Principles of Epidemiology/Health Promotion</td>
<td></td>
</tr>
<tr>
<td>710 – Biostatistics</td>
<td></td>
</tr>
<tr>
<td>726 – Analysis of Evidence-Based Practice</td>
<td></td>
</tr>
<tr>
<td>736 – Translation of Evidence Based Practice</td>
<td></td>
</tr>
<tr>
<td>740 – Impact of Ethics &amp; Law on Health Care</td>
<td></td>
</tr>
<tr>
<td>750 – Cultural Competency for Advanced Practice</td>
<td></td>
</tr>
<tr>
<td>765 – Health Care Policy &amp; Financial Management</td>
<td></td>
</tr>
<tr>
<td>759 – Information Systems &amp; Technology for Transformation of HC</td>
<td></td>
</tr>
<tr>
<td>815 – Organizational Management and Leadership in HC Systems</td>
<td></td>
</tr>
</tbody>
</table>

## PRACTICUM:

<table>
<thead>
<tr>
<th>Practicum Code</th>
<th>Description</th>
<th>Hours Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>834.1</td>
<td>DNP Project I (64 Practicum Hours)</td>
<td>3 (2/1)</td>
</tr>
<tr>
<td>834.2</td>
<td>DNP Project II (128 Practicum Hours)</td>
<td>4 (2/2)</td>
</tr>
<tr>
<td>834.3</td>
<td>DNP Project III (128 Practicum Hours)</td>
<td>3 (1/2)</td>
</tr>
<tr>
<td>836</td>
<td>Residency (192 Residency Hours)</td>
<td>3 (0/3)</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 = 512
Total Credit Hours = 70
Revised: 11/02/2023CLG
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 & 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 & CITY Where They Live)*

__________________________________________________________

**OSF Public Relations Dept. Revised: 06/15/2015**