

**SAINT FRANCIS MEDICAL CENTER  
COLLEGE OF NURSING  
Peoria, Illinois**

**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.**

## **DNP-C - APPLICATION FOR GRADUATION FORM**

AppforGradFormDNPMAY2024

**DOCTORATE OF NURSING PRACTICE CURRICULUM (40 Sem Hrs)**

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

**CORE COURSES**

**Hours  
Completed**

707 – Principles of Epidemiology/Health Promotion	_____
710 – Biostatistics	_____
726 – Analysis of Evidence-Based Practice	_____
736 – Translation of Evidence Based Practice	_____
740 – Impact of Ethics & Law on Health Care	_____
750 – Cultural Competency for Advanced Practice	_____
765 – Health Care Policy & Financial Management	_____
759 – Information Systems & Technology for Transformation of HC	_____
815 – Organizational Management and Leadership in HC Systems	_____

**PRACTICUM:**

834.1 – DNP Project I (64 Practicum Hours)	_____	3 (2/1)
834.2 - DNP Project II (128 Practicum Hours)	_____	4 (2/2)
834.3 – DNP Project III (128 Practicum Hours)	_____	3 (1/2)
836 – Residency (192 Residency Hours)	_____	3 (0/3)

**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](mailto:news@abcpaper.com). [www.abcpaper.com](http://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)

\_\_\_\_\_  
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