

# Nurse Residency Program

Summer 2011  
APPLICATION  
PACKET

Nursing Education and Professional Development

[www.vanderbiltnursing.com](http://www.vanderbiltnursing.com)



Thank you for your interest in the upcoming Vanderbilt University Medical Center Nurse Residency Program which will begin on **July 11, 2011**.

Attached is a copy of the application packet, as well as instructions for completing the packet and the pre-employment requirements.

We must receive the completed packet by **3:00pm CST on January 28, 2011**. ***Incomplete or late packets will not be considered.***

Packets should be sent to:

Vanderbilt University Medical Center Recruitment  
Village at Vanderbilt  
Att: Vanderbilt Nurse Residency Program Committee  
1500 21<sup>st</sup> Ave. S. Suite 1516  
Nashville, TN. 37212

**We will not accept the following:**

- Application packet paperwork turned in as **separate** documents.
- Returned paperwork via fax.
- Returned via e-mail.



# Vanderbilt Nurse Resident

## Job Profile

The Vanderbilt Nurse Residency Program is a full time (36-40 hr/week) **one year** program designed for nursing graduates or Registered Nurses (RN) with less than six months of nursing experience.

Qualified candidates should apply for one of the following areas:

- Adult Medicine
- Adult Surgical (Inpatient care of Post-Operative Patients)
- Adult Critical Care
- Pediatrics
- Psychiatric Health
- Women's Health

### Eligibility:

- Graduate Nurse
- Registered Nurse with less than 6 months professional nursing experience at time of application

Begin accepting applications: **November 22, 2010**

Completed packets must be received by **January 28, 2011 at 3:00pm CST**.  
***Incomplete or late packets will not be considered.***

Residency program starts on **July 11, 2011**.

Interested parties should fill out an initial on-line application and submit a resume at Vanderbilt's jobsite: [www.vanderbilt.jobs](http://www.vanderbilt.jobs) Qualified applicants will receive an application via e-mail within 72 business hours of receiving the initial application and resume.

If you have questions, e-mail [tracey.fargo@vanderbilt.edu](mailto:tracey.fargo@vanderbilt.edu).

We will perform background checks and drug screens prior to employment. Please be prepared to provide required information and/or documentation. A copy of your nursing school diploma is required for background documentation, prior to employment.



## Vanderbilt University Medical Center Nurse Residency Program

Visit [www.vanderbiltnursing.com](http://www.vanderbiltnursing.com) for more information.

### Description:

The Vanderbilt University Medical Center Nurse Residency Program is for new nurse graduates who are seeking work at Vanderbilt. This program supports the new graduate nurse and eases the transition from student to professional registered nurse. Once hired into the program as a full time (36-40 hr/week) staff member, the program's first phase will be a combination of classroom and clinical rotations. This will offer the new graduate a full range of experiences within a specific clinical track. Rotations through each of the units are designed to give the new graduate nurse exposure to the patient demographic, unit environment, and healthcare team in each area.

After the rotations are complete, the next phase matches the nurse resident in terms of interests and talent to an available position in a clinical area. During this time, the nurse resident completes a focused orientation to the designated clinical area and will continue to work with unit-based preceptors.

Throughout the entire first year of practice, there are periodic workshop sessions that focus on issues pertinent to the development of your practice, skills and professional transition.

The Residency includes:

- Working with preceptors to introduce the nurse resident to each clinical area.
- Learning from content experts as they share knowledge and expertise.
- Additional training in the unit after clinical placement.
- Ongoing educational and professional support through participation in the Nurse Resident Workshop Series conducted throughout the first year.



# Vanderbilt University Medical Center

## Nurse Residency Program

### Summer 2011 Cohort

**Please Note:** The application packet paperwork must be returned as a complete packet. It may be delivered or mailed to the Medical Center Recruitment address listed on the page 2 of this application packet.

If you have questions, email [tracey.fargo@vanderbilt.edu](mailto:tracey.fargo@vanderbilt.edu)

**We will not accept the following:**

- Application packet paperwork turned in as **separate** documents.
- Returned paperwork via fax.
- Returned via e-mail.

## REQUIREMENT FOR ALL CANDIDATES:

### Application Requirements

- An initial on-line application/ resume via the on-line job site at [www.vanderbilt.jobs](http://www.vanderbilt.jobs) must be completed prior to receiving the e-mailed application packet.
- Completed Application Packet check list form.
- Place the contents of the packet in order as outlined on the check list form.
- Completed Track Choice preference noted on check list form.
- Include your resume in the application packet. (Anticipated date of graduation must be stated on resume: applicable only for GNs).
- A letter of intent including:
  - 1) Your career goals and how you feel this program would allow you to meet these goals.
  - 2) Why you are interested in the Vanderbilt Nurse Residency Program.
  - 3) Indicate why you have selected this track.
- Most recent "Official" transcripts with grades up to the semester prior to application with a grade point average of 3.0 on a 4.0 scale\*\*; Including Fall 2010 grades.
- Two reference forms are required (Letters of reference will only be accepted using the reference forms supplied within the application packet)\*. If you are a nursing student or recent graduate, these completed forms are required to be from nursing clinical faculty who can address your performance in the clinical setting. (preceptors would not be listed as clinical faculty unless employed with your nursing program)
- RNs must provide proof of nursing licensure or eligibility.
- Current students must complete attached Intent to Graduate form. (To be completed by school registrar's office.)



## Program Requirements

- There is a commitment of a least one year of employment after completion of Nurse Residency Program (NRP).
  - There will be **NO** scheduled vacation time or extended time off prior to the match day and during the unit orientation phase.
  - Attending school during the NRP is discouraged as there are both program and unit requirements that must be fulfilled. Accommodations for school schedule will not be made.
  - You are not eligible for the Nursing Tuition Assistance Benefit until after completion of 90 days probationary period PLUS one year of **full-time** employment (455 days). (a non-exempt (hourly paid) hospital, ambulatory clinic or School of Medicine employee must have successfully completed the probationary period (90days) and one (1) year full time service (Total = 455 days) prior to course registration; once employed, see: [Policy CL 20-06.21](#))
  - Full-time hours (36-40 hours per week) are required during the first year of the NRP.
  - For the Women's Health candidate: The Women's Health attached letter must be signed and returned with the application packet.
  - The NCLEX examination should be scheduled at the earliest possible date. Nurse Residents will be required to provide their NCLEX exam date, when known, prior to the start of the program. All nurse residents are STRONGLY encouraged to take the NCLEX prior to beginning the residency program. Those who have not scheduled the NCLEX prior to the program start date will need to complete the exam within 30 days of the program start date. Any exceptions to this must be approved by the NRP leaders and must provide a written update of their NCLEX exam status prior to start date. Nurse Residents moving from out of state are strongly encouraged to sit for the State of Tennessee NCLEX exam.
- All graduation requirements must be met (including the HESI or other exit exams) prior to the start date of the nurse residency program.

## Additional Requirements for CURRENT VUMC Employees

- Current employees of Vanderbilt must have a current manager/supervisor complete a reference form (from the application packet) in addition to the two clinical faculty reference forms.
- Employees enrolled in an accredited nursing program prior to May 1, 2009 and hired prior to May 1, 2009 who have: **worked 600 hours or more** in the last 6 months are eligible to apply with a GPA of 2.5; **worked less than 600 hours** in the last 6 months are eligible to apply with a GPA of 2.8. Current employees hired **after** May 1, 2009 are eligible to apply with a GPA of 3.0.
- If available, a copy of a recent evaluation with a score of 3.0 or greater in each credo standard and key function must be provided.

Application packet and the entire list of items on the check list must be received in the Vanderbilt Medical Center Recruitment Office **by 3:00pm CST on January 28, 2011**. **All materials must be turned in to recruitment together as a complete packet. If selected for an interview, Projected Interviews: February & March 2011.**



# Important Information Regarding NCLEX Examination and TN Licensure

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## Out-of-State Nurse Residents

**Compact States:** If you live in a compact state (the list is available here: <https://www.ncsbn.org/158.htm>), take the NCLEX in your home state. Once you have passed the NCLEX, you will need to apply for an Endorsement within 30 days of residence in Tennessee. You cannot take the TN Boards or apply for endorsement without a TN address.

**Non-Compact States:** If you live in a non-compact state, you should apply to take the NCLEX for Tennessee. Please call the number listed below to get detailed instructions on how to apply.

**Endorsement Applications:** The requirements for a temporary authorization to practice nursing and for a license to practice nursing are the same in most respects, including the need for a Criminal Background Check (CBC).

Beginning January 1, 2011, the Tennessee Board of Nursing will require the results of a CBC prior to issuing a license or a temporary authorization (permit/letter). Applicants for a license or a temporary authorization should know that it may take several months to get the results of a CBC depending upon the manner in which fingerprints are obtained.

To expedite the licensure process, the Board recommends the applicant take the following steps:

### **Download, complete and mail the endorsement application**

1. Endorsement Applications are available here:  
<http://health.state.tn.us/boards/Nursing/applications.htm>
2. Choose either "RN or LPN Endorsement Application and Instructions" as needed and follow directions. Be sure to apply for online licensure verification, which is included in the endorsement application.

### **Register for Criminal Background Check**

1. Visit Cogent Fingerprint services and register online here:  
[https://www.cogentid.com/tn/index\\_tn.htm](https://www.cogentid.com/tn/index_tn.htm)
2. The ORI # for Tennessee is TN920290Z; the OCA code is 1703.
3. Apply for Verification. (Follow instructions included in endorsement application.)

## TN Residents

**DO:** Schedule your NCLEX as soon as you have received your Authorization to Test (ATT).

**Do NOT** schedule your NCLEX on:

- January 31-February 1, 2011
- Mondays and Tuesdays during the first six weeks of orientation
- Or on March 17-18, 2011.

**For more information, call the TN Board of Nursing at 615-532-5166.**

## Choose from one of the 6 following tracks:

### Adult Tracks:

The Nurse Residents on the Adult Tracks will rotate through each area of a specified track.

<p><b>1.) Adult Medicine:</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular Medicine Step-down</li> <li>• Renal Transplant</li> <li>• General Medicine</li> <li>• Myelosuppression</li> <li>• Oncology</li> <li>• Acute Care of the Elderly</li> </ul>	<p><b>2.) Adult Surgical: (Inpatient post operative care of the surgical patient.)</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular Surgery</li> <li>• Cardiac Surgery Progressive Care</li> <li>• Colorectal / Gynecological Surgery</li> <li>• Orthopedics/Urology</li> <li>• General Surgery</li> <li>• Surgical Step-down</li> <li>• Neurology/Neurosurgery</li> </ul>
<p><b>3.) Adult Critical Care:</b></p> <ul style="list-style-type: none"> <li>• Burn Center</li> <li>• Cardiovascular ICU</li> <li>• Emergency Services</li> <li>• Medical ICU</li> <li>• Neuro Care Unit</li> <li>• Surgical ICU</li> <li>• Trauma</li> </ul>	<p><b>4.) Psychiatric Care:</b></p> <ul style="list-style-type: none"> <li>• Mood Disorders</li> <li>• Psychotic disorders</li> <li>• Child/adolescent</li> <li>• Detox</li> <li>• Crisis</li> <li>• Adjunct (ECT/Partial)</li> <li>• Personality Disorders</li> </ul>
<p><b>5.) Women's Health:</b></p> <ul style="list-style-type: none"> <li>• Labor &amp; Delivery</li> <li>• Obstetrical and Gynecological Clinic</li> <li>• Newborn Nursery</li> <li>• Postpartum</li> </ul> <p><b>*For Women's Health applicants please see attached letter.</b></p>	

### 6.) Pediatric Tracks:

The pediatric nurse resident will rotate through each area of a specified pediatric track. **Tracks of Acute Care or Critical Care are decided after selection to the Nurse Residency program's Pediatric Track.**

<p><b>Pediatric Acute Care:</b></p> <ul style="list-style-type: none"> <li>• Pediatric and Adolescent Medicine</li> <li>• Pediatric Surgery/Trauma</li> <li>• Pediatric Hematology/Oncology</li> <li>• Pediatric Cardiology</li> <li>• Pediatric Epilepsy Monitoring Unit</li> </ul>	<p><b>Pediatric Critical Care:</b></p> <ul style="list-style-type: none"> <li>• Pediatric Emergency Department</li> <li>• Neonatal Intensive Care</li> <li>• Pediatric Intensive Care Unit</li> <li>• Pediatric Cardiology</li> <li>• Pediatric Cardiac Intensive Care Unit</li> <li>• Post Anesthesia Care Unit</li> </ul>
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# Vanderbilt Nurse Residency Program



# Vanderbilt Nurse Residency Program

## Summer 2011 Application Packet

### Checklist

Name:	
Preferred first name:	
Name of Nursing Program:	
<i>Please check: (✓)</i>	<b><i>Place the Returned Application Packet in the following order:</i></b>
1.	<b><i>This checklist form</i></b>
2.	<b><i>List Track Choice:</i></b>
3.	<b><i>Volunteer Experience Form</i></b>
4.	<b><i>Work History Form</i></b>
5.	<b><i>Resume</i></b> <i>(Include your phone number, e-mail address, permanent address.)</i>
6.	<b><i>Letter of Intent</i></b> <i>Address to: Vanderbilt Nurse Residency Program Committee (This will take the place of a cover letter)</i>
7.	<b><i>Official Grade Transcript, listing the <u>cumulative</u> GPA</i></b> <i>(*Including Fall 2010 grades. *This is only applicable if you have less than 1 year of professional nursing experience since graduation*)</i>
8.	<b><i>Two completed Clinical Faculty Reference Forms</i></b> <i>(Please print on 2 sheets for each reference, instead of using the front and back of a single sheet of paper) (Preceptors will not be considered clinical faculty unless employed by nursing program.)</i>
9.	<b><i>Proof of RN licensure/ eligibility to take NCLEX</i></b> <i>(for the RN or recent graduate);</i> <b><i>(or)</i></b> <b><i>Intent to Graduate Form</i></b> <i>(for the soon-to-be graduate.)</i>
10.	<b><i>If applying to Women's Health, the WH signed acknowledgement.</i></b>
11.	<b><i>Current employees:</i></b> <i>In addition to the 2 Clinical Nursing Faculty Reference forms, also need to include 1 additional reference form from your current Vanderbilt manager.</i>
12.	<b><i>Current employees:</i></b> <i>If available, a copy of your most recent employee evaluation.</i>
13.	<b><i>Will you require visa sponsorship to work in the United States for the entire duration of the Nurse Residency Program (2 year program)?</i></b> <b><i>No:</i></b> <input type="checkbox"/> <b><i>Yes:</i></b> <input type="checkbox"/>  <b><i>If Yes, Please explain:</i></b>



## Volunteer Experience:

- Please list and describe any previous volunteer experience in a hospital or clinic setting:
- For each volunteer experience, please list the dates and the number of hours volunteered in the last 6 months. (Less than or greater than 24 hours in the last 6 months.)
- **Do not include any School Required Volunteer Experience.**

List Name of Hospital/Clinic/ Organization; and the title/role held while volunteering.(List contact person/phone #)	List Dates of Volunteer Experience	Please list for each experience:  <24 hrs experience in past 6 months <b>OR</b> >24 hrs experience in past 6 months.

## Work History:

- Please list and describe any previous work experience within the last 6 months:
- For each work experience, please list the dates employed and (✓) number of hours worked in the last 6 months.

Please (✓) the correct Total Hours worked:

List Name of Employer and the title held while employed. (include healthcare & non- healthcare)	List Dates of Experience	(✓) Less than 144 hrs worked in last 6 months	(✓) 144 hrs to 600 hrs worked in last 6 months	(✓) Over 600 hrs worked in last 6 months.

## Vanderbilt Nurse Residency Program

### Clinical Faculty/Manager Recommendation Form

**(Please circle one)**

Dear Colleague,

\_\_\_\_\_ has applied for employment in the Vanderbilt Medical Center Nurse Residency Program. Use the following 1-5 rating scale and **circle** the response that represents your true opinion. Please respond to every item.     **5 = consistently exceeds expectations**

**4 = occasionally exceeds expectations**

**3 = acceptable performance, meets expectations**

**2 = inconsistent performance, does not consistently meet expectations**

**1 = unacceptable performance**

**n/a = not observed or no knowledge**

**General Key Functions:**

Initiative / Motivation:	5	4	3	2	1	n/a
Professional Appearance:	5	4	3	2	1	n/a
Punctuality / Attendance:	5	4	3	2	1	n/a
Team player:	5	4	3	2	1	n/a
Demonstrates professional behavior (confidentiality, etc):	5	4	3	2	1	n/a
Self motivation:	5	4	3	2	1	n/a
Practice of Family Centered Care:	5	4	3	2	1	n/a
Verbal / Written communication skills:	5	4	3	2	1	n/a
<b>Clinical Key Functions:</b>						
Knowledge of basic nursing/clinical skills and procedures:	5	4	3	2	1	n/a
Critical thinking:	5	4	3	2	1	n/a
Prioritization of patient care and time management:	5	4	3	2	1	n/a
Planning and Managing care:	5	4	3	2	1	n/a
Problem solving:	5	4	3	2	1	n/a
Communication with patients / families:	5	4	3	2	1	n/a
Communication with healthcare team members:	5	4	3	2	1	n/a

(Please continue on 2nd page)



Please provide a detailed summary of why you recommend this student/employee for the Vanderbilt Medical Center Nurse Residency Program. This summary should include reference to the following:

- Professionalism
- Critical thinking
- Attitude / Motivation
- Potential for professional growth

Please circle one: Clinical Faculty          Vanderbilt Manager

Signature of colleague completing form

Printed Name Please

Nursing Faculty Reference	Vanderbilt Manager Reference
<p><b><u>Nursing School Reference Return:</u></b></p> <p>(Please add additional letter for more space. Form is required for packet return)</p> <p>Please place this reference in a school embossed envelope.</p> <ul style="list-style-type: none"> <li>• Sign the back of the envelope over the seal enclosure of the envelope.</li> <li>• Return to the Residency Applicant.</li> <li>• The Residency Applicant will submit the reference to our office.</li> </ul>	<p>To be completed by Vanderbilt Manager only.</p> <p>(✓) ____ I strongly recommend for hire to the NRP.</p> <p>(✓) ____ I recommend for NRP with reservation.</p> <p>Please explain. _____</p> <p>(✓) ____ I do <u>not</u> recommend.</p> <p>Please explain: _____</p> <p>_____</p> <p>If hired into the nurse residency program, would you welcome their match to your unit?</p> <p>If no, please explain. _____</p> <p><b>Please list # of regular worked hours in the last 6 months (as indicated in Waldo)</b></p> <p>_____</p> <ul style="list-style-type: none"> <li>• Please place this reference in a VUMC embossed envelope.</li> <li>• Sign the back of the envelope over the seal enclosure of the envelope.</li> <li>• Return to the Residency Applicant.</li> </ul>

Please be assured that this information will remain confidential.  
THANK YOU for your assistance in our Vanderbilt Medical Center NRP selection process.

Sincerely,  
Vanderbilt Nurse Residency Program Committee



## Vanderbilt Nurse Residency Program

### Clinical Faculty/Manager Recommendation Form

**(Please circle one)**

Dear Colleague,

\_\_\_\_\_ has applied for employment in the Vanderbilt Medical Center Nurse Residency Program. Use the following 1-5 rating scale and **circle** the response that represents your true opinion. Please respond to every item.    **5 = consistently exceeds expectations**

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#### General Key Functions:

Initiative / Motivation:	5	4	3	2	1	n/a
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Self motivation:	5	4	3	2	1	n/a
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<b>Clinical Key Functions:</b>						
Knowledge of basic nursing/clinical skills and procedures:	5	4	3	2	1	n/a
Critical thinking:	5	4	3	2	1	n/a
Prioritization of patient care and time management:	5	4	3	2	1	n/a
Planning and Managing care:	5	4	3	2	1	n/a
Problem solving:	5	4	3	2	1	n/a
Communication with patients / families:	5	4	3	2	1	n/a
Communication with healthcare team members:	5	4	3	2	1	n/a

(Please continue on 2nd page)



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- Professionalism
- Critical thinking
- Attitude / Motivation
- Potential for professional growth

Please circle one: Clinical Faculty          Vanderbilt Manager

Signature of colleague completing form

Printed Name Please

Nursing Faculty Reference	Vanderbilt Manager Reference
<p><b><u>Nursing School Reference Return:</u></b></p> <p>(Please add additional letter for more space. Form is required for packet return)</p> <p>Please place this reference in a school embossed envelope.</p> <ul style="list-style-type: none"> <li>• Sign the back of the envelope over the seal enclosure of the envelope.</li> <li>• Return to the Residency Applicant.</li> <li>• The Residency Applicant will submit the reference to our office.</li> </ul>	<p>To be completed by Vanderbilt Manager only.</p> <p>(✓) ____ I strongly recommend for hire to the NRP.</p> <p>(✓) ____ I recommend for NRP with reservation.</p> <p>Please explain. _____</p> <p>(✓) ____ I do <u>not</u> recommend.</p> <p>Please explain: _____</p> <p>_____</p> <p>If hired into the nurse residency program, would you welcome their match to your unit?</p> <p>If no, please explain. _____</p> <p><b>Please list # of regular worked hours in the last 6 months (as indicated in Waldo)</b></p> <p>_____</p> <ul style="list-style-type: none"> <li>• Please place this reference in a VUMC embossed envelope.</li> <li>• Sign the back of the envelope over the seal enclosure of the envelope.</li> <li>• Return to the Residency Applicant.</li> </ul>

Please be assured that this information will remain confidential.  
THANK YOU for your assistance in our Vanderbilt Medical Center NRP selection process.

Sincerely,  
Vanderbilt Nurse Residency Program Committee





# Vanderbilt Nurse Residency Program

## Summer 2011 Application Packet

### Women's Health Acknowledgement

Thank you for your interest in the Women's Health Track of the Nurse Residency Program. We are very excited about this nursing opportunity in the Center for Women's Health. During this one-year experience, nurses will have the privilege of caring for women through the life cycle. Often women are faced with many difficult decisions about their lives and health care. Nurses in the Center for Women's Health support women through these decisions and provide professional evidence based care specific to each situation. One difficult decision women face is termination of pregnancy. If you are chosen for the Nurse Residency Program in the Women's Health track, you will be expected to care for women undergoing termination of pregnancy. Procedures performed in the Labor and Delivery unit include vaginal deliveries, cesarean deliveries, bilateral tubal ligations, dilatation and curettage, cerclages, inductions of labor, amniocentesis, chorionic villi sampling, terminations of pregnancy and fetal surgery procedures.

It is important that you are aware of this aspect of care and give careful consideration to your ability to provide compassionate care to women in these situations. If you feel you cannot provide care to women during this type of event, we encourage you to apply to a different track of the Nurse Residency Program to explore opportunities that may best fit your skills and career goals.

Again thank you for your interest in Women's Health and we look forward to getting to know you through the interview process.

By signing this letter, I acknowledge that I am aware that I may be providing nursing care for women who are having the procedures listed above that may be performed in the Center for Women's Health.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

**\*Only needs to be signed by candidates seeking admission into the Women's Health track.**



## Undergraduate Student Intent to Graduate Form

This form should be completed at the time of registration for the last term/semester of your nursing school program. Please include this with the application packet for review.

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### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student ID Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Anticipated Degree Earned (Please print):** \_\_\_\_\_

**Nursing Major Adviser Name (Please print):** \_\_\_\_\_

Expected semester of graduation based on program of study: **Term:** \_\_\_\_\_ **Year:** \_\_\_\_\_

*Students must be enrolled in the term they are graduating.*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I have reviewed this student's graduation requirements:*

**Adviser Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**College/School Registrar's Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

