

Name _____

I am following the _____ Clarke University Catalog
(Check your program evaluation if unsure)

I request admission to _____
(State major, emphasis, and degree, such as B.S., if more than one option is available)

I plan to complete an additional major in _____ (if applicable)
(Submit a separate form for each major, including Secondary Education)

I plan to minor in _____

I plan to pursue a Doctorate in Physical Therapy YES _____ NO _____

My current advisor in this major is _____

My anticipated graduation date is _____
(Fill out the Application to Graduation Form a year prior to your degree completion)

I understand it is my responsibility to maintain good academic standing, to review my program evaluation periodically, and to fulfill the requirements of the major field program satisfactorily, as stated in the Clarke University Catalog. If my application is not approved at this time, it is my responsibility to reapply after meeting the conditions for approval.

Student _____ Date _____
(Student's name)

RETURN THIS FORM TO THE CHAIRPERSON OF THE ACADEMIC DEPARTMENT WHERE YOUR MAJOR IS HOUSED.

TO BE COMPLETED BY THE DEPARTMENT CHAIR:

The department faculty has reviewed this application and taken the following action:

The student has been

APPROVED _____ NOT APPROVED* _____ For the following program:

Degree: _____ *(e.g., B.A.)*

Major: _____
(State specific major and emphasis, if applicable)

The student is completing the degree as a DAY, or TIMESAVER student.

The student's new departmental advisor will be _____
(Leave blank if no advisor changes are necessary)

*If not approved, please indicate the reasons for the decision and/or conditions for approval.

Signature _____ Date _____
(Chairperson)

Department chairs, please return the completed original form to the Registrar's Office.