



PIHMA

Phoenix Institute of Herbal Medicine & Acupuncture

COLLEGE & CLINIC

Application for Degree

Date of Application: ____/____/____			
Your name <u>exactly</u> as you would like it to appear on your degree (First, Middle, Last):			
_____	_____	_____	_____
First	Middle	Last	Last 4 digits SSN
Address to Mail Diploma:			
_____	_____	_____	
Street	Apartment #	Personal Email	
_____	_____	or	<input type="checkbox"/> Pick-up (_____) _____
City	State	Zip Code	Telephone Number
Degree Applying for: Please check only one, If you are in a Master & Doctoral fill out one form for each.			
<input type="checkbox"/> MSAc	<input type="checkbox"/> MSAcHM	<input type="checkbox"/> DAC	<input type="checkbox"/> DACHM
<input type="checkbox"/> MSAc/DAC	<input type="checkbox"/> MSAcHM/DACHM		
Date expected to complete Degree Requirements: ____/____/____			
		Month	Year
To complete this application, you must do the following:			
<input type="checkbox"/> Meet with your Advisor to obtain your unofficial transcript <input type="checkbox"/> Attach your unofficial transcript to this Application for Degree <input type="checkbox"/> Meet with the below departments for approval signatures <input type="checkbox"/> Please pay Master's degree \$250.00 fee prior to submitting to the Registrar <input type="checkbox"/> Please pay Doctoral degree \$125.00 fee prior to submitting to the Registrar <input type="checkbox"/> Please pay Master's & Doctoral degree \$375.00 fee prior to submitting this form to the Registrar Note: this is not a commencement fee			
1. Complete Federal Student Loan Exit Interview – Financial Aid Office			
Financial Aid Students MUST complete Student Loan Exit Counseling for Graduate or Professional Students at: https://studentaid.gov/exit-counseling/			
_____ Exit Counseling Completed		_____ Not Required – Cash Pay Student	
_____	_____	____/____/____	_____
Financial Aid Advisor Signature			Date
2. Satisfy Financial Obligations – Student Accounting Office			
Has student satisfied all financial obligations to the Institution: <input type="checkbox"/> YES, issue degree <input type="checkbox"/> NO, hold degree			
_____	_____	____/____/____	_____
Accounting Representative Signature			Date

3. Complete Exit Interview with Advisor/AHEAD Coordinator
 Exit Interview Completed: YES
 NO, hold degree

_____/_____/_____
 Advisor's Signature Date

4. Library Exit Interview with Librarian
 Exit Interview Completed YES
 NO, hold degree

_____/_____/_____
 Librarian's Signature Date

5. Student Certification and Submission
 All the enclosed information is complete and accurate to the best of my knowledge. I request processing of my Application for Graduation using the enclosed information. **Note: Degree(s) will be mailed 60 days after the completion of the semester in which Degree requirements are met.**

_____/_____/_____
 Student's Signature Date

Please submit this completed application to the Academic Department or Registrar

To be completed by the Academic Department

	YES	NO
Program of Study and Transcript agree:	<input type="checkbox"/>	<input type="checkbox"/>
Program of Study successfully completed:	<input type="checkbox"/>	<input type="checkbox"/>
Credit Hours meet minimum requirement:	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory Academic Progress:		
Within Maximum Time Frame	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative GPA equal 3.0 for Master's/Doctoral	<input type="checkbox"/>	<input type="checkbox"/>
Approved for:	MSAc MSAcHM DAc DAcHM MSAc/DAc MSAcHM/DAcHM	
Degree Approved:	Yes	No If no explain:

_____	_____/_____/_____	Date
Graduation Date: ____/____/____		

_____/_____/_____
 Registrar Signature Date

Notes:

- Pending Graduate Status completed Graduated Status completed
 Degree Ordered ____/____/____ Degree Sent ____/____/_____

Copy: Academic's (PF) Financial Aid Accounting