



THE UNIVERSITY OF TEXAS  
SOUTHWESTERN MEDICAL CENTER  
AT DALLAS

SOUTHWESTERN SCHOOL OF HEALTH PROFESSIONS

Application for Candidacy to Graduate

Full Name: \_\_\_\_\_  
(PRINT LEGIBLY) Last Name First Name Middle Name

Student ID Number: \_\_\_\_\_ Academic Program: \_\_\_\_\_

I hereby apply for candidacy to graduate at the conclusion of the \_\_\_\_\_  
semester/term of enrollment. Semester/Term Year

- I understand that I must earn a minimum 2.0 cumulative grade point average in undergraduate programs or a 3.0 cumulative grade point average in graduate programs at the Southwestern School of Health Professions and fulfill all specific program requirements to qualify for graduation.
- I understand that the degree will be conferred no earlier than the end of the semester/term in which I complete all graduation requirements.
- I understand that all school and program prerequisite courses must be completed or waived **no later than one full semester/term prior to my graduation.** Additionally, I affirm that appropriate documentation of the completion or waiver of the prerequisites has been submitted and received prior to the first day of classes in the anticipated graduation semester/term.

Although varying requirements of the programs may result in different completion times, degrees are conferred at the end of each semester/term. **The commencement ceremony is held the second weekend of December following the fall semester/term.**

Each candidate to graduate will be charged a **graduation fee \$90.00 undergraduate and \$115.00 for graduate** in the semester/term of anticipated graduation. This fee is designated to partially offset the costs associated with diploma and diploma cover production, regalia and the commencement ceremony. **All students completing a degree or certification must pay the fee without regard to whether they attend the commencement ceremony or not.**

Each anticipated graduate will receive a Diploma/Cap & Gown order form from the Office of the Registrar. The form must be completed and returned by the indicated deadline to assure the correct printing of your name on your diploma and proper sizing of regalia. **Nicknames or names substantially differing from your official name of record at UT Southwestern are not permitted for diploma production.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
*Faculty Advisor Signature* *Date* *Registrar's Office Signature* *Date*

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.