



APPLICATION FOR ADMISSION TO THE
GRADUATING CLASS OF
College of Health Sciences

NON-REFUNDABLE APPLICATION FEE OF \$50.00

NAME: _____ SSN: _____

ADDRESS (Diploma will be sent here): _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ BETHEL EMAIL: _____

(Graduation information will ONLY be sent to your Bethel Email Account)

NAME AS YOU WISH IT TO APPEAR
ON DIPLOMA: (PLEASE PRINT) _____

SELECT THE TERM IN WHICH YOU WILL COMPLETE YOUR DEGREE REQUIREMENTS: _____ END OF FALL SEMESTER – DEADLINE TO APPLY IS **9/30**
_____ END OF SPRING SEMESTER – DEADLINE TO APPLY IS **2/18**
_____ END OF SUMMER SEMESTER – DEADLINE TO APPLY IS **6/7**

SELECT DEGREE: _____ BSN _____ BSAT

MAJOR: MINOR:

PLEASE INDICATE IF YOU WILL PARTICIPATE IN THE GRADUATION CEREMONY: _____ YES _____ NO

STUDENT'S SIGNATURE: _____ DATE: _____

PLEASE SUBMIT/MAIL/FAX/EMAIL YOUR APPLICATION BY THE APPROPRIATE DEADLINE TO:

BETHEL UNIVERSITY
Office of Records and Registration
Attn: Karen Saldana
325 CHERRY AVENUE
MCKENZIE, TN 38201
PHONE: 731.352.6805 FAX: 731.352.4220
EMAIL: saldanak@bethelu.edu