



GRADUATION APPLICATION - DOCTORAL (EdD, PhD)

To apply for graduation from Cabrini (regardless of walking in Commencement exercises), please complete this form, save a copy for your records, and email to registrar@cabrini.edu. Please see the [Academic Calendar](#) for application deadlines.

A graduation fee of \$175.00 will be billed when the application is processed.

Student Name: _____ ID: _____

Address for diploma to be mailed:

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

Cabrini Email Address: _____

In order to protect student's privacy, email correspondence will only occur via student's Cabrini email account.

Please select your degree program:

_____ Doctor of Educational Leadership - EdD

_____ Doctor of Educational Leadership - EdD with Superintendent's Letter of Eligibility Option

_____ Doctor of Organizational Development - PhD

I plan to graduate:

Year: _____ August: _____ December: _____ May: _____

Name as you want it to appear on diploma: _____

Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my [Cabrini University email account](#).

Student Name: _____ Date: _____