



TOURO UNIVERSITY

WORLDWIDE

APPLICATION FOR GRADUATION

PLEASE WRITE OUT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

LAST NAME: _____ FIRST NAME: _____

OTHER NAME USED: _____ TELEPHONE () _____

ADDRESS TO MAIL DIPLOMA _____

CITY: _____ STATE: _____ ZIP: _____

PROGRAM OF STUDY AT TUW:

ASSOCIATE OF ARTS IN GENERAL STUDIES

BACHELOR OF SCIENCE IN BUSINESS ADMIN. & MGMT

BACHELOR OF ARTS IN PSYCHOLOGY

BACHELOR OF SCIENCE IN HEALTH SCIENCES

BACHELOR OF ARTS IN SOCIAL WORK

MASTER OF BUSINESS ADMINISTRATION

MASTER OF ARTS IN MEDIA AND COMMUNICATIONS PSYCHOLOGY

MASTER OF ARTS IN MARRIAGE AND FAMILY THERAPY

MASTER OF ARTS IN INDUSTRIAL AND ORGANIZATIONAL PSYCHOLOGY

MASTER OF SCIENCE IN HEALTH SCIENCES

MASTER OF ARTS IN PSYCHOLOGY

DOCTOR OF PSYCHOLOGY

EXPECTED TERM OF GRADUATION _____

STUDENT'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

REGISTRAR SIGNATURE: _____ DATE: _____

Knowledge · Opportunity · Success

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