



Clarification of Graduation Policies

Petitioning to Graduate * **Important - Students completing their degree program during the 2009-2010 academic year must complete and return this form along with a \$175.00 graduation processing fee (check or charge) to Student Services by the first day of the term you plan to graduate. Petition to Graduate Forms will be reviewed at the end of term in which the student submits this form and when all grades for the term have been received. Grades can be checked on student link via www.ausfba.com. Please assist us in allowing sufficient time for processing. Conferral of your degree takes about 2 months to complete after all paperwork and grades have been received. Therefore, your degree will not confer on your last day of classes or your defense date. Please be assured that we will contact you if any necessary forms are missing. Congrats!**

1. The graduation ceremony takes place once a year in the Fall. Students **must** complete all requirements by the end of the summer term (usually end of August) in order to be considered eligible to participate in the graduation ceremony.
*Any exceptions must be cleared in writing by your Dept. Chair and the Director of Student Services.
2. It is the student's responsibility to make sure all **Incomplete** and **In Progress** grades are changed as well as all program requirements including meeting their practicum, internship and CRP requirements by the end of the term in which they graduate. Students are encouraged to review their academic transcripts every semester to make sure any Incomplete or In-Progress courses have been updated. Academic transcripts can be found on **Student Link** <http://ausfba.com>
3. Students are allowed to walk in the graduation ceremony only if they **complete all their program requirements** (including incompletes, CRP requirements, practicum/ internship contract requirements, and course repeats) by the end of the summer term.

Diplomas

Diplomas are ordered once every term after the end of the term in which the student complete their requirements and after all grades for the term has been submitted. Students who have incomplete or in progress grades at this point will not have a diploma ordered and will have to wait until the completion of the following term. Please note:*Diplomas take approximately two months to be processed.*

Important Graduation Dates

Date Student Completes all Graduation Requirements*		Ceremony Date
End of Fall I term 2009 (October 28, 2009)		Fall 2010
End of Fall II & III Term 2009 (December 19, 2009)		Fall 2010
End of Spring I Term 2010 (March 3, 2010)		Fall 2010
End of Spring II & III Term 2010 (April 24, 2010)		Fall 2010
End of Summer I Term 2010 (June 30, 2010)		Fall 2010
End of Summer II & III Term 2010 (August 21, 2010)		Fall 2010

7/2009

* Completion of Graduation Requirements are as outlined in the campus handbook. Students who have incomplete grades or incomplete paperwork at the end of the term in which they plan to graduate will not be able to walk in the graduation ceremony. Please plan accordingly.

Fax # 510 217-4805

Argosy University SF Bay Area Campus

Petition to Graduate 2009-2010

Fax# 510 217-4805

Students completing their degree program during the 2009-2010 academic year must complete and return this form along with a \$175.00 graduation processing fee (check or charge) to Student Services by **the first day of the term you plan to graduate. You must complete all requirements by the end of the Summer term (usually end of August) in order to be considered eligible to participate in the Fall ceremony.** Once your degree requirements have been met and your degree has been posted you will be notified in writing. Please note it takes up to 3 weeks to complete reviewing your records once all requirements have been met and completed. *It is advised you make a copy of this form for your records.*

1. Student Information:

Student Name: _____
(This is how your name will appear on your diploma)

Student ID #: _____ Semester/Year Entered: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cellular/Work Phone: _____

E-mail Address: _____

2. Degree for which you are petitioning:

- | | |
|--|--|
| <input type="checkbox"/> BA in Psychology | <input type="checkbox"/> BS in Business Administration |
| <input type="checkbox"/> M.A.-Clinical Psychology | <input type="checkbox"/> PsyD-Clinical Psychology |
| <input type="checkbox"/> M.A.-Counseling Psychology | <input type="checkbox"/> Ed.D.-Counseling Psychology |
| <input type="checkbox"/> M.A.-Forensic Psychology | <input type="checkbox"/> Ed.D Instructional Leadership |
| <input type="checkbox"/> Ed.D Educational Leadership | <input type="checkbox"/> MA.Ed. Instructional Leadership |
| <input type="checkbox"/> MAEd Leadership | <input type="checkbox"/> MBA Marketing |
| <input type="checkbox"/> MBA Management | <input type="checkbox"/> MBA Information Systems |
| <input type="checkbox"/> DBA Marketing | <input type="checkbox"/> DBA Management |

3. Date on which you completed or expect to complete the requirements for the above degree: 2009-2010

- | | |
|---|---|
| <input type="checkbox"/> Fall I 2009 (October 28) | <input type="checkbox"/> Summer I 2010 (June 30) |
| <input type="checkbox"/> Fall II & III 2009 (December 19) | <input type="checkbox"/> Summer II & III 2010 (August 21) |
| <input type="checkbox"/> Spring I 2010 (March 3) | |
| <input type="checkbox"/> Spring II & III 2010 (April 24) | |

- Other date as indicated in my Practicum/ Internship Contract _____
- Other date due to DAN TES (BA Completion program only) _____

Your signature below indicates that you fully anticipate completing your requirements for your degree by the above date:

Signature: _____

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Office Use:

_____ Grad fee charged
_____ Diploma Ordered

4. Program Requirements and Signatures:

It is the **student's responsibility** to get the appropriate signatures for this part of the form.

BA Students ONLY:

Please check below if you will have **DANTES tests** after the completion of your coursework at Argosy University. Please note that you have one term following the completion of your Argosy University course work to complete your DANTES. (Ex. complete your courses in Fall II 2009 (Dec. 19) you will have until Spring I 2010 (April 24) to complete your DANTES).

I need to complete DANTES tests. I understand that I have one year after the completion of my courses to provide proof of completion of the DANTES. Term and Date in which you will complete your DANTES:

_____.

Student Signature: _____

MA Counseling, MA Clinical and Psy. D Clinical Students ONLY:

Please have your Training Director indicate the date in which you will complete your Practicum/ Internship Contract. Please note if your Practicum/ Internship Contract extends beyond the completion date of your coursework, you are still required to meet the requirements of the contract. Your graduation date will reflect the date of the end of the term that your contract ends.

Practicum/ Internship Contract End Date: _____

Practicum/ Internship Site Name: _____

Practicum/Internship Location (City and State) _____

Clinical Training Director's Signature: _____

All Doctoral Level Students ONLY (PsyD, EdD and DBA):

Please note that students on Dissertation or Clinical Research Project/Internship need to have completed their requirements including all required paperwork prior to the last day of the term in which they are registering.

Part of Term/ Year in which student will have completed their Dissertation or CRP? _____

Title of Dissertation: _____

Name of Dissertation Chair and Reader: _____

5. Payment:

To charge your graduation processing fee of \$175.00 to a credit card, please fill in the information below.

MasterCard Visa Discover Check: _____ Check Number

NAME: _____

Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Date _____

Credit Card Security Code: _____



Graduate Information Commencement Program & Ceremony

Please write this information clearly so that it will be clear and accurate.

****YOU MUST COMPLETE THIS PORTION IN FULL ESPECIALLY IF YOU PLAN TO PARTICIPATE IN THE GRADUATION CEREMONY.** (by checking no you are indicating to us that you are not planning to attend therefore we will not order regalia for you) Information regarding the ceremony will only be sent to students who indicate below that they will be participating in the ceremony.

Name _____

Program (required) _____

Ceremony Information:

Will you be participating in the commencement ceremony?

Yes No

If yes complete the following. If no, stop here.

How many guests do you plan to bring? _____ (Limit 8)

Commencement Program:

Your name will appear in the program the same as during your enrollment.

Cap & Gown Information: *Cap Size: _____ Weight: Pounds _____ Height: feet _____ inches _____

**Circumference around head divided by 3.14=Cap Size: Example, 21 inches / 3.14 = 6.69*

Cap & Gown Pick-up: It is requested that regalia be picked-up Mon-Fri 9am – 5pm the week *before* the ceremony, in Student Services.

Your signature here indicates your permission to include the above information in the Commencement Program as Public Information.

*(Students who have incomplete grades or incomplete paperwork at the end of the summer2010 term may not walk in the Fall graduation ceremony so please plan accordingly. **There are no exceptions**)*

Signature _____ ID# _____ Date _____

Office Use Only:

Cap & Gown ordered?

Information listed on graduation spreadsheet

Argosy
University/
San Francisco
Bay Area

GRADUATE PROFILE

Name: _____
First Middle Initial Last Maiden Name

Address: _____
Street City State Zip

Phone: Home () _____ - _____ Work () _____ - _____ E-mail: _____

Major/Program of Study: _____ Degree: _____ Gender: Male Female

Age: 18-22 23-28 29-34 35-41 42-50 over 50

Since graduation, I have been employed in my field of study or a related field: YES NO

Current Employment Status:
 I am employed in my field of study. I am employed, but not in my field. I am not employed at all.

I worked for my employer while attending school: YES NO

(Please check each if both apply.) (Please check only ONE.)
 I am employed by a company I choose not to work in my field of study OR
 I am self-employed/freelancing I cannot find a position in my field of study

GRADUATE SURVEY

1. I am employed full time YES NO

2. I am employed part time YES NO

(Please check only ONE and only if you work part time.)
 I work part time because I choose not to work full time OR
 I work part time because I cannot find a full time position.

3. Reason for unemployment
 (Please check only ONE and only if you are unemployed.)
 I choose not to work OR
 I cannot find a position but am actively seeking a job OR
 I am unemployed due to medical reasons.

4. If currently employed, please complete the following:
 Annual Salary: Under \$20,000 \$20,001-25,000 \$25,001-30,000 \$30,001-35,000
 \$35,001-40,000 \$40,001-45,000 \$45,001-55,000 \$55,001-65,000
 \$65,001-75,000 \$75,001 or more

Employer _____
 Job Title _____ Field/Industry _____
 City _____ State _____ Zip _____
 Start Date _____ Work Phone _____
 Current Pay Rate: \$ _____ Hourly Annual Salary
 Please list employment setting (e.g. community mental health center, medical center, education, etc.) _____
 Please list employment activity (e.g. administration, research, assessment) _____

I actively searched to find my post-graduation employment for:
 (Please check only one.)
 Less than 3 months 3-6 months 6 months or more

I obtained my job through the following resources:
 (Please check all that apply.)
 Career Services Job Leads Newspaper
 Cold Call/Walk In/Direct Application Prior

Experience w/Employer
 Internet Trade Associations/Affiliations
 Job/Career Fair, Portfolio Review Other _____
 Networking

5. I participated in an internship or practicum before graduating. YES NO

I was offered a job at the organization where I served my internship/practicum.
 I accepted a job at the organization where I served my internship/practicum.

6. I have been accepted to a Bachelor's or a graduate/professional program. N/A YES NO

I will be seeking the following degree: _____

I will be attending the following school: _____

7. I am licensed or certified in my field. N/A YES NO

If so, which license or certification? _____
 In which state(s)? _____ License or exam score: _____

If you graduated with a PSY.D., please complete the following questions regarding information requested from APA:

1. Please provide information about your first professional position following graduation:

Job Title _____

Please list employment setting (e.g. community mental health center, medical center, education etc.) _____

Please list employment activity (e.g. administration, research, assessment) _____

2. Please list any professional achievements (e.g. licensure, fellow status, awards, publications): _____

3. I am a member of a professional or research society. YES NO

4. I have been the author or co-author of papers at professional meetings and/or articles published in professional or scientific journals. YES NO

5. I am involved in grant supported research. YES NO

6. I am involved in teaching. YES NO

CAREER SERVICES

Please write in your rating of each the Career Services resources that you used: (On a scale of 1-4, 1=Very Poor, 2=Poor, 3=Good, 4=Excellent, N/A=Not used)

____ Career counseling exploration ____ Salary negotiation ____ Career services resources (handouts, information, etc.) ____ Career Assessments
 ____ Resume/cover letter assistance ____ Networking strategies ____ Learning about available career options ____ Internship/practicum application preparation
 ____ Job search strategies ____ Job fairs/on-campus recruiting ____ Connecting with professionals in the field ____ Undergraduate internship search strategies
 ____ Interviewing strategies ____ Online job database ____ Volunteer position search strategies ____ Other _____

CAREER SEARCH

1. Completion of my program has helped me in the following ways: (Please check all that apply.)
 Advancement with current employer Increased marketability Increased job satisfaction Advancement with new employer Career change to a new industry/field

2. As an alumnus, I would be interested in utilizing the following career services resources: (Please check all that apply.)
 Career Counseling Online Job Database Resume/Cover Letter/Curriculum Vitae Writing Assistance Salary Negotiation Assistance
 Job Search Advising Interviewing Assistance Networking/Informational Interviewing Contacts Other _____

FACILITIES

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. The facilities were well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt safe on the campus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The equipment was well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPATION IN ALUMNI EVENTS/ACTIVITIES

1. I would be willing to share my employment success story for possible inclusion in a school publication.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. I would be interested in speaking at school events about my work experience.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. I would be willing to let the school know about job openings at my organization.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. I would consider talking to my employer about internship/practicum opportunities for AU students.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. I would be interested in continuing education seminars or workshops at the school.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. I would be interested in being a mentor for current students.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. I would be interested in an alumni newsletter.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. I would be interested in networking/social events for alumni.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Now we would like to assess your satisfaction with your AU experience.**OVERALL SATISFACTION**

Please check the box that most accurately reflects your views on the following statements:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I was satisfied with my educational experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My education was a good value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was well-prepared for employment in my field of study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would make the same decision again to attend this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would recommend this school to my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The school has a good reputation in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The most important factor in my decision to attend this school was: _____				

ACADEMIC ADVISING SERVICES

1. My academic advisor was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My academic advisor was accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC PROGRAMS AND FACULTY

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My program dealt with practical experiences and applications for the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Program requirements were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There was a good variety of classes in my program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, the quality of instruction was good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Faculty members were knowledgeable in the field they taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Faculty members were accessible outside of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Faculty members gave timely feedback to students on work in their courses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I could schedule the courses I needed with little difficulty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The best aspect of the program I took was: _____				
10. The one thing that would have improved my program is: _____				

