MALONE UNIVERSITY
CHRIST'S KINGDOM FIRST

Student Name: _____
Please print name exactly as it is to appear on the diploma.

Phone Number: _____

Date of Birth: _____   **Social Security #:** _____
(last 4 digits)

Date of Graduation: _____
Month   Day   Year

Degree:

☐ Bachelor of Arts (BA)
☐ Bachelor of Science in Education (BSE)
☐ Bachelor of Science in Nursing (BSN)
☐ Master of Arts in Christian Ministries (MAC)
☐ Masters of Arts in Theological Studies (MATS)
☐ Master of Arts in Education (MAEd)
☐ Master of Arts in Organizational Leadership (MAOL)
☐ Master of Business Administration (MBA)
☐ Master of Science in Nursing (MSN)

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