

FINLANDIA UNIVERSITY
NON-RESIDENCE DEGREE COMPLETION REQUEST

I request permission of the Finlandia University Registrar to complete my degree requirements as a non-resident. I am unable to return to Finlandia University to complete my requirements due to the following reason:

I have read, understand, and agree to the stipulations and limitations outlined in the Finlandia University Non-Residence Degree Completion Policy Summary.

(Student's Signature)

(Date)

NAME: _____ Phone: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DEGREE SOUGHT: AAS AGS BBA BFA BA BSN

Major/program _____

Remaining course(s) needed:	Course #	Name	Credits
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
		TOTAL	_____

Anticipated completion date: _____

Name and address of the college/university you plan to attend _____

I verify these to be the remaining courses and credits needed for completion in the program.

(Advisor's Signature)

(Date)

University Registrar Action:

Approved Not approved Date: _____ Signature: _____

Comments: