

**APPLICATION FOR GRADUATION**

(Please Fill in Completely)

Date of Application: \_\_\_\_\_

Semester Degree or Certificate to be completed:  Fall  Summer  Spring

Date degree / certificate to be awarded: \_\_\_\_\_

Campus/Site Attending:  City Park  West Bank  Charity School of Nursing  Jefferson  Northshore  Sidney Collier

Name as it appears on permanent record:

_____	_____	_____
First	Middle	Student ID Number
_____	_____	_____
Last	Maiden	Date of Birth (mm/dd/year)

**Name to appear on diploma. If different from permanent record, please check with the Registrar's Office.**

_____	_____	_____
First	Middle	Last

Academic Division: \_\_\_\_\_ Major: \_\_\_\_\_

Exact name of degree / certificate:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Technical Diploma    | <input type="checkbox"/> Associate of General Studies | <input type="checkbox"/> Certificate of Technical Studies |
| <input type="checkbox"/> Associate of Arts    | <input type="checkbox"/> Associate of Applied Science | <input type="checkbox"/> Certificate of Applied Science   |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Post Associate Certificate   | <input type="checkbox"/> Certificate of General Studies*  |

*\*Upon a student's completion of the requirements for a Certificate of General Studies, the College documents the award on the student's transcript. CGS program completers who desire to participate in the graduation ceremony must complete this application and pay the required graduation fee.*

Have you attended other colleges or universities?  yes  no

If yes, please list:

**LOCAL MAILING ADDRESS:**

(address to be used after degree requirements have been met)

_____	_____
P.O. Box or Street and Number	Daytime Phone Number (xxx) xxx-xxxx
_____	_____
City / State / Zip	Evening Phone Number (xxx) xxx-xxxx

**HOME MAILING ADDRESS:**

(address to be used after degree requirements have been met)

_____	_____
P.O. Box or Street and Number	Personal E-mail
_____	_____
City / State / Zip	Student Signature
_____	_____
	Date

**\*\*Please indicate if you will need special accommodations during the Commencement Exercises  Yes**