

APPLICATION FOR GRADUATION

(Please Fill in Completely)						
Date of Application:						
Semester Degree or Certificate to be completed:		☐ Fall	☐ Fall ☐ Summer ☐ Spring			
Date degree / certificate to be	awarded:					
Campus/Site Attending:	City Park	Charity School	of Nursing	fferson/West Jefferson	□ Northshore	
Name as it appears on perman	nent record:					
First		Middle		Student ID Number		
Last		Maiden			Date of Birth (mm/dd/year)	
Name to appear on diploma	a. If different from permane	nt record, please c	heck with the Reg	gistrar's Office.		
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First		Middle		Last	Last	
Academic Division:		Ma	ajor:			
Exact name of degree / certifica	te:					
□ Technical Diploma	□ Associate of General Associate	eral Studies	□ Certificat	e of Technical Studies		
Associate of Arts	■ Associate of Applied Science		Certificate of Technical Studies			
Associate of Science	ciate of Science		□ Certificate of General Studies*			
*Upon a student's completion of the CGS program completers who de						
Have you attended other college	es or universities?	s 🗖 no				
If yes, please list:	_,					
LOCAL MAILING ADDRESS: (address to be used after degree red	quirements have been met)					
P.O. Box or Street and Number]	Daytime Phone Number (xxx) xxx-xxxx		
City / State / Zip			E	vening Phone Number (xxx) xxx-xxxx		
HOME MAILING ADDRESS: (address to be used after degree requirements have been met)				Personal E-mail		
P.O. Box or Street and Number				Student Signature		
City / State / Zip				Date		

^{**}Please indicate with your initials if you will need special accommodations during the Commencement Exercises_