

## 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 Attending:  City Park  West Bank  Charity School of Nursing

Name as it appears on permanent record:

|       |        |                               |
|-------|--------|-------------------------------|
| _____ | _____  | _____                         |
| First | Middle | CWID Number                   |
| _____ | _____  | _____                         |
| Last  | Maiden | Date of Birth<br>(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"/> Certificate                  | <input type="checkbox"/> Associate of Business Studies    |
| <input type="checkbox"/> Associate of Arts            | <input type="checkbox"/> Associate of General Studies     |
| <input type="checkbox"/> Associate of Science         | <input type="checkbox"/> Certificate of Technical Studies |
| <input type="checkbox"/> Associate of Applied Science | <input type="checkbox"/> Certificate of Applied Science   |

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 | E-mail |

|                    |                   |
|--------------------|-------------------|
| _____              | _____             |
| City / State / Zip | Student Signature |

Date

*\*Please indicate with your initials if you will need special accommodations during the commencement exercises \_\_\_\_\_*