

## 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 (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

\_\_\_\_\_

City / State / Zip

\_\_\_\_\_

Daytime Phone Number  
(xxx) xxx-xxxx

\_\_\_\_\_

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

\_\_\_\_\_

City / State / Zip

\_\_\_\_\_

E-mail

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date