



Central Connecticut State University
Office of the Registrar

APPLICATION FOR GRADUATION

Semester and year in which you plan to COMPLETE your degree:

December 20____ May 20____ August 20____

January 20____ (Upon completion of Winter Intersession)

Please print your name as it is to appear on your diploma:

First Middle Last

Permanent Address: Street CCSU Email Address

City State Zip Code Student ID Number

Active Phone Number

Degree Program: (Please circle one) BA BS BFA BS-ED BSN

Major Concentration

Minor

By signing below, I acknowledge that participation in commencement ceremonies does not mean that I have graduated and that I am still obligated to complete all degree requirements to receive a diploma.

Student's Signature

Date

Please complete this form and return to the Office of the Registrar for approval.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu