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                                                                                      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. Willard-DIloreto Room D202, 1615 Stanley Street, New Britain, CT 06050 Fax it to (860)832-2250 or email it to regstaff@ccsu.edu

Rev 11/18