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.
Wilard-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