

GRADUATE APPLICATION for GRADUATION

first name

middle name

last name

suffix

Please clearly print your name as you would like it to appear on your diploma.

(The name on your diploma must match the name in your official record. If there has been a change in your first or last name, please attach documentation such as a court order, marriage certificate or copy of a state or federally issued ID.)

Student ID: _____

Email address: _____

Degree Program (circle one):

MBA AE CS EE IAE IE ITSM

Expected Semester of Completion (circle one):

Fall Spring Summer

Expected Term of Completion (circle one):

Term I Term II Semester

Degree to be awarded May/August: _____ (graduation year – i.e. 2012, 2013, 2014, etc.)

CURRENT MAILING ADDRESS

DIPLOMA MAILING ADDRESS

(Please keep the Registrar's Office informed of any changes of address or phone numbers.)

Street _____

Street _____

City _____

City _____

State _____ ZIP _____

State _____ ZIP _____

Primary Phone _____

Primary Phone _____

Secondary Phone _____

Secondary Phone _____

GRADUATION FEE is nonrefundable and is due April 15 prior to May commencement. Diploma and transcripts will be held if graduation fee has not been paid. Please see college catalog for more information. Master Fee: \$150. Students taking summer courses must be enrolled by **April 15** to be eligible to participate in commencement.

COMMENCEMENT INTENTIONS:

_____ I do plan on attending the graduation ceremony in May. Please complete the following:

MEASUREMENTS FOR REGALIA: Height: _____ Weight: _____

COMMENCEMENT GUESTS: I expect to have _____ guests attending graduation.

_____ I do **not** plan on attending the graduation ceremony in May. Please complete the following:

_____ I will pick up my diploma in the Office of Registration & Records after May 15*

_____ Please mail my diploma regalia to me at the address above after May 21*

** Diplomas will not be released to students with holds on their account. You must ensure that all financial and institutional obligations are fulfilled. Photo ID must be shown at time of pick up.*

Statement of Student Responsibilities for Graduation: I have read the Capitol College catalog for policies and information concerning graduation requirements. I understand my responsibilities to complete graduation requirements and to participate in commencement exercises. I understand that this application is valid for one academic year. Should I not graduate within a year of this application, I am responsible for submitting a new application.

Student's signature _____

Date _____



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Capitol College

11301 Springfield Road, Laurel, Maryland 20708

Office: (301) 369-2800 / Fax: (301) 369-2310

Email: registrar@capitol-college.edu