GRADUATE APPLICATION for GRADUATION

_____

first name middle name last name

PLEASE PRINT OR TYPE NAME EXACTLY AS YOU WANT IT ON THE DIPLOMA

Social Security Number _____ Student ID number _____

E-mail primary: _____ Secondary: _____

Applying for (circle one): MS MBA Degree program _____

Expected term of completion (circle one): Fall Spring Summer term I/ semester Summer term II

Degree to be awarded May (write-in year) _____ (one commencement each year for awarding degrees)

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

Street_____Apt. #_____

City_____ State_____ ZIP_____

Home phone_____ Work phone_____

ADDRESS AFTER COMPLETION

Street_____ Apt #_____

City_____ State_____ ZIP_____

Home phone_____ Work phone_____

GRADUATION FEE of $150 is nonrefundable and is due April 15 prior to May commencement. Diploma will be held if graduation fee has not been paid. Please see College Catalog for more information.

COMMENCEMENT INTENTIONS

I do ____/ do not ____ plan on attending the graduation ceremony in May. (If you are not attending and would like the cap and gown, please fill out the Measurements below. If you do not want the Academic Attire, submit N/A)

Please order _____ announcements for me (price included in graduation fee)

I expect to have _____guests attending graduation (no limitations).

MEASUREMENTS FOR ACADEMIC ATTIRE (price included in graduation fee if attending)

Height _____ Weight _____ Head size (circle one): XS S M L XL

If you are unable to pick up your cap and gown, please contact the Office of Registration and Records at: registrar@capitol-college.edu for available options.

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.

_____ _____

Student's signature Date

Capitol College
11301 Springfield
Laurel, Maryland 20708
(301) 369-2800

For Office Use Only : Student ID:_____

Degree Audit Sent_____Academic Honors:_____

Transcript/Degree Verification Sent:_____

Cap & Gown Ordered:_____Diploma Ordered:_____

Diploma P/U_____Diploma Mailed_____