

GRADUATE APPLICATION for GRADUATION

first name middle name last name suffix
PLEASE PRINT OR TYPE NAME EXACTLY AS YOU WANT IT ON THE DIPLOMA

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. 2011, 2012, 2013, etc.)

CURRENT MAILING ADDRESS

ADDRESS AFTER COMPLETION

(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 ____/do not ____ plan on attending the graduation ceremony in May

MEASUREMENTS FOR REGALIA: Height: _____ Weight: _____

COMMENCEMENT GUESTS: I expect to have _____ guests attending graduation (no limitations)

COMMENCEMENT ANNOUNCEMENTS: Students are responsible for purchasing announcements. To order announcements, visit <http://www.jostens.com/>. Select Capitol College, then Grad Announcements. Announcements come in a variety of packages and take 3 weeks to process.

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

Capitol College

11301 Springfield Road
Laurel, Maryland 20708

Office: (301) 369-2800

Fax: (301) 369-2310

Email: registrar@capitol-college.edu

For Office Use Only

Jenzabar/Excel Entered: _____

Academic Honors: _____

Degree Verification Sent: _____

Graduation Fee Paid: _____