UNDERGRADUATE 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: _____

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

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

Street_____
_____
City_____
State_____ ZIP_____
Primary Phone_____
Secondary Phone_____

ADDRESS AFTER COMPLETION

Street_____
_____
City_____
State_____ ZIP_____
Primary 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. Associate: $75/Bachelor: $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 graduation within a year of 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: _____

10-2010