



Records Office
Student Development Division

Application for Graduation

Fall _____ Spring _____ Summer _____ Year _____

PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

Student ID / SS # _____

Degree Program _____
Year _____

CONTACT INFORMATION WHERE YOU CAN BE REACHED AT THE END OF THE SEMESTER:

STREET _____

CITY _____ **ZIP** _____

STATE _____ **PHONE** _____

I understand that certification of my degree and participation in the commencement ceremony requires that my file be complete and that all course and GPA requirements be met. I also acknowledge that the \$30 graduation fee is non-refundable and that if I need to re-apply for graduation with the same degree in a future semester, I must file another application and that the original \$30 fee will be applied to the new application. I am aware that the college may release my name and address to the photographer at the graduation ceremony, local newspapers, state and local politicians or anyone requesting the names and addresses of Rockland Community College graduates.

Signature

Date

THIS SECTION TO BE COMPLETED BY RECORDS OFFICE ONLY

Current Course Enrollment	Required	Optional		Prelim	Final
_____	_____	_____	CUM GPA 2.0 or higher?	Yes / No	Yes / No
_____	_____	_____	PE Requirement met or waived?	Yes / No	Yes / No
_____	_____	_____	HS transcript or GED on file?	Yes / No	Yes / No
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

Preliminary Evaluation Yes / No

Final Evaluation

Yes / No