

Application for Graduation

Fall Spring Summer Year _____

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

Student ID # _____

Degree Program _____

Year _____

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

Street Address _____

City _____

Zip Code _____

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 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 address of SUNY Rockland Community College graduates.

Signature _____

Date _____

This section to be completed by Records & Registration Office Only

Current Course Enrollment	Required	Optional	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
Preliminary Notes	Date		Final Evaluation Notes	Date	