

APPLICATION FOR GRADUATION



Send completed form to:
Middlesex Community College
Student Information Center
33 Kearney Sq
Lowell, MA 01852

My degree requirements will be complete at the end of the semester and year indicated:

Fall 20 _____ Spring 20 _____ Summer 20 _____

Student ID# _____ Date of Birth _____ Sex: M F

Last Name: _____ First Name: _____ Middle Initial _____

Street Address: _____ Email: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

*****We cannot process this form without a major indicated*****

First Program:

Degree Certificate

Program _____ Option _____

Second Program:

Degree Certificate

Program _____ Option _____

The exact way I want my name to appear on my diploma is: [Note to student – please print legibly.]

First Name	Middle Name or Initial	Last Name
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Next year, I plan to:

be a full time student

work full time

I am a member of Phi Theta Kappa (Honor Society):

Yes

No

I am planning to attend the Commencement ceremony:
(Students must be within 6 credits of completion to attend the ceremony)

Yes

No

I am planning to pick up my Cap and Gown at:

Bedford

Lowell

Size information needed for Cap and Gown reservation:

Height _____

Weight _____

I authorize Middlesex Community College to release information for the Commencement program, local newspapers, and the professional photographer.

Yes

No

Student Information Center Office Use Only:

Grad Application Received by _____

Date _____