



APPLICATION FOR GRADUATION

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 _____

All correspondence related to this graduation application will be sent through your Middlesex student e-mail.

I am planning to attend the Commencement ceremony:
(Students must be within 8 credits or 2 courses of completion to attend the ceremony. All coursework must be complete by the end of the summer term).

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

*By selecting "No", your Middlesex Community College student record is marked as **confidential**.

Student Information Center Office Use Only:

Grad Application Received _____ Date ____/____/____

Send Completed form to:
Registrar@middlesex.mass.edu