

COLLEGE OF ST. JOSEPH
Registrar's Office

APPLICATION FOR DEGREE

May 10, 2009

Please complete this form and return it to the Registrar's Office **no later than December 19, 2008** if you wish to be considered for graduation.

NAME: _____
(Print exactly as you wish your name to appear on the diploma)

ADDRESS: _____
(Street)

(City) (State) (Zip)

TELEPHONE:(____)_____ **Social Security:**_____

DEGREE: (If unsure, please contact your advisor, otherwise, your diploma will be incorrect)

A.A. () B.A. () M.S. () M.B.A. ()
A.S. () B.S. () M.Ed. ()

Major: _____

SEMESTER & YEAR OF COMPLETION:

() Summer _____ () Fall _____ () Spring _____

I WILL () **WILL NOT** () participate in the Commencement Ceremony.

If you will \cong Height _____ Weight _____

Number of extra invitations needed _____. (10 invitations are included in your graduation packet. Invitations are not needed for entrance to the Athletic Center and to attend the Ceremony).

GRADUATION FEES: \$75.00 (associates and bachelors), \$100.00 (masters) must be paid in the Business Office no later than April before Graduation.

NOTE: Students must satisfy all financial, library, and other obligations to the College, or they will not receive a diploma or be allowed to participate in the Ceremony. Financial aid recipients must attend an exit interview with the Business Office.

Signed: _____ **Date:** _____