HOUSATONIC
COMMUNITY COLLEGE
1967

GRADUATION APPLICATION

Please submit this application to the Registrar's Office with
A copy of your Degree Works Evaluation

Print NEATLY & CLEARLY Your Name Exactly As You Wish To Have It Appear On Your Diploma.
Any Misprinted Names Will Require A New Order And A Fee.

NAME: _____
     FIRST   MIDDLE   LAST

ADDRESS: _____
     STREET   CITY   STATE   ZIP

☐ Check here to update address if different from our records/system

BANNER ID #: ___ ___ ___ ___ ___ ___ ___ ___   **PHONE #**: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

E-MAIL: _____

PROGRAM: _____   **DEGREE**: _____ **CERTIFICATE**: _____

GRADUATION DATE: YEAR – 20 ____   **SPRING**: _____   **SUMMER**: _____   **FALL**: _____

Will you require a Summer/Fall course to complete your program requirements? Yes: _____ No: _____
If yes, you must have NO more than 2 classes remaining to attend May Commencement.
Perspective Grads with 1 or 2 outstanding courses must REGISTER and PAY for classes prior to submitting application.

Are you a Veteran? Yes: _____ No: _____   If Yes Please circle ONE of the following below:

Air Force   Army   Marines   Navy   Coast Guard   National Guard

IMPORTANT INFORMATION

IF YOU ARE USING TRANSFER CREDITS PLEASE CHECK YOUR TRANSCRIPT.

YOU MUST MEET THE MINIMUM REQUIREMENT OF **2.00** GPA TO GRADUATE.

ANY COURSE SUBSTITUTIONS OR WAIVERS MUST BE DOCUMENTED BY A DEPARTMENT CHAIRPERSON AND SUBMITTED TO THE REGISTRARS OFFICE BY MID-TERM OF THE SEMESTER YOU WISH TO GRADUATE. THIS DOCUMENTATION IS PART OF YOUR PERMANENT GRADUATION FILE.

I ACKNOWLEDGE THAT BY SIGNING THIS APPLICATION I GIVE HCC PERMISSION TO PRINT MY NAME AND ACADEMIC MAJOR IN THE COMMENCEMENT BROCHURE AND HAVE MY ACADEMIC MAJOR ANNOUNCED AT THE GRADUATION CEREMONY IF I CHOOSE TO ATTEND, ALONG WITH ANY APPROPRIATE PRESS RELEASES.

SIGNATURE: _____   **DATE**: _____