

## STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ STUDENT ID OR LAST 4 DIGITS OF SS NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CAMPUS BOX \_\_\_\_\_

PLEASE PRINT ALL INFORMATION CLEARLY

### ☆ DEADLINES ☆

MAY GRADUATION: \_\_\_\_\_ MAY 1<sup>ST</sup> OF THE PREVIOUS YEAR  
DECEMBER GRADUATION: \_\_\_\_\_ DECEMBER 1<sup>ST</sup> OF THE PREVIOUS YEAR  
**LATE APPLICATIONS ARE SUBJECT TO \$20.00 LATE FEE.**

## DEGREE INFORMATION

ANTICIPATED DATE OF GRADUATION:  May \_\_\_\_\_  December \_\_\_\_\_

CATALOG YEAR: \_\_\_\_\_ / \_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING DEGREE:

- Associate       Bachelor of Social Work       Master of Arts in Forensic Psychology  
 Bachelor       Master of Arts in Education       Certificate of Advanced Graduate Study

MAJOR: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

2<sup>nd</sup> MAJOR: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

LICENSURE: \_\_\_\_\_ MINOR/RELATED FIELD: \_\_\_\_\_

**Diploma Name** \_\_\_\_\_

*Please print your name exactly as you want it to appear on your diploma*

Do you plan to attend commencement? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please contact the College Store prior to December 15<sup>th</sup> to order the required regalia.

Statements of Understanding:

1. I understand that a Graduation Fee will be billed to me directly by the Business Office.
2. Failure to apply by the above deadlines may result in the assessment of a late fee and may jeopardize my requested graduation date.
3. The final responsibility for fulfilling the requirements for any degree granted by Castleton State College rests with me.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY:

RECEIVED BY: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_  
Initials Date Initials Date