Central Connecticut State University
Office of the Registrar

APPLICATION FOR GRADUATION

Semester and year in which you plan to COMPLETE your degree:

December 20__ May 20__ August 20__

Please print your name as it is to appear on your diploma:

_____ _____

First Middle Last Student ID Number

_____ _____

Permanent Address: Street CCSU Email Address

_____ _____

City State Zip Code Active Phone Number

Degree Program: (Please circle one) BA BS BFA BS-ED BSN

_____ _____

Major Concentration

_____

Minor

By signing below, I acknowledge that participation in commencement ceremonies does not mean that I have graduated and that I am still obligated to complete all degree requirements to receive a diploma.

_____

Student's Signature

Please complete this form and return to the Office of the Registrar for approval.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu

Office Use Only:

Matric Date _____ Major/Minor Date _____ Eval _____ Initial Eval _____
Admit Term Curriculum Catalog Term

Language Req _____

Rev 4/16