

APPLICATION FOR GRADUATION

**Bay de Noc Community College
ATTN: Records Office
2001 North Lincoln Road
Escanaba MI 49829**

Graduation Questions: 800/221-2001

FAX Written Request To: 906/789-6953

Today's Date

Name: _____
(Please print name as you wish it to appear on your diploma)

Social Security Number: _____

Student I.D. Number: _____

Address: _____

Phone: _____

When do you expect to complete your degree and/or certificate?

(PLEASE ENTER YEAR IN THE SPACE PROVIDED)

May _____ June _____ August _____ December _____
(Winter) (Spring) (Summer) (Fall)

Curriculum you are following: _____

Do you have any transfer credits from another college? _____

Please check the degree and/or certificate for which you are making application:

Associate in Arts _____

Associate in Science _____

Associate in Applied Science _____

Certificate in (list area) _____

Do you plan to transfer to another college? ____ Yes ____ No

If so, where: _____

PLEASE FILL OUT AND RETURN TO THE STUDENT SERVICES OFFICE