APPLICATION FOR GRADUATION

PRINT YOUR NAME EX	ACTLY AS YOU WISH IT TO APPEAR ON YO	OUR DIPLOMA
FIRST	MIDDLE NAME OR IN	ITIAL LAST
Student I.D. Num	iber:	
Mailing Address:		
City:	State:	Zip code:
Home Phone #:(_) Cell #: ()	Work #: ()
Date of Graduatio	on: December 2015	May 2016 July 2016
Degree To Be Awa	_	
	Associate in Applied Scienc	Associate in Arts
	Associate in Science	Diploma
Curriculum In W	hich You Are Graduating:	
E-Mail Address: _		
Signature:		Date:

For Your Information

- 1. Make appointment with Registrar prior to Fall or Spring Registration to review graduation status.
- 2. Meet with representative at designated time to purchase your diploma, diploma cover, cap/gown, ring, announcements, etc.
- 3. Verify correct mailing and e-mail addresses. Communication is not guaranteed if correct mailing and e-mail addresses are not on record in the Records and Registration Office.

4. Application deadline is January 23.

- 5. Additional Graduation information may be found in the Records and Registration Office, RCC Catalog or website at robeson.edu.
- 6. Submit this completed form to the Records and Registration Office.

Do you have any special needs that may need accommodation at the graduation ceremony? (Hearing, vision, or mobility problems?) If yes, please explain: _____

FOR OFFICE USE ONLY:	OTHER INFORMATION:
CATALOG YEAR:	
CURRICULUM:	
OK TO GRADUATE:	
HONORS:	
PAID:	

Robeson Community College Post Office Box 1420 Lumberton, NC 28359 Records and Registration Office Phone: (910) 272-3341 Fax: (910) 272-3346