

APPLICATION FOR GRADUATION

PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

| | | |
|-------|------------------------|------|
| | | |
| FIRST | MIDDLE NAME OR INITIAL | LAST |

Student I.D. Number:

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone #:(____)_____ Cell #: (____)_____ Work #: (____)_____

Date of Graduation: December 2017 May 2018 July 2018

Degree To Be Awarded:



Associate in Applied Science

Associate in Arts

Associate in Science

Diploma

Curriculum In Which 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 roberson.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