APPLICATION FOR GRADUATION

PRINT YOUR NAME EXACTLY AS YOU	<u>WISH IT TO APPEAR ON YOUR DIP</u>	LOMA
FIRST	MIDDLE NAME OR INITIAL	LAST
Student I.D. Number:		
Mailing Address:		
City:	State: Z	ip code:
Home Phone #:() Cell #: ()Work #: ()		
Date of Graduation: Do	ecember 2018 May	2019 July 2019
Degree To Be Awarded: Associate in	n Applied Science	Associate in Arts
Associate in		Diploma
Curriculum In Which You Are	e Graduating:	
E-Mail Address:		
Signature:		Data
Signature.		Date:
	r Your Informatio	
	r Your Informatio	n
Fo	r Your Information or to Fall or Spring Registration to re	n view graduation status.
Fo: 1. Make appointment with Registrar price 2. Meet with representative at designated	r Your Information or to Fall or Spring Registration to real time to purchase your diploma, diplomases. Communication is not guarant	n view graduation status. oma cover, cap/gown, ring,
Fo: 1. Make appointment with Registrar price 2. Meet with representative at designated announcements, etc. 3. Verify correct mailing and e-mail address.	r Your Information or to Fall or Spring Registration to real time to purchase your diploma, diplomases. Communication is not guarant ords and Registration Office.	n view graduation status. oma cover, cap/gown, ring,
For a second contract with Registrar prices. 1. Make appointment with Registrar prices. 2. Meet with representative at designated announcements, etc. 3. Verify correct mailing and e-mail addrawdersses are not on record in the Record.	r Your Information or to Fall or Spring Registration to real time to purchase your diploma, diplomases. Communication is not guarant ords and Registration Office.	n view graduation status. oma cover, cap/gown, ring, teed if correct mailing and e-mail
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Robeson Community College Post Office Box 1420 Lumberton, NC 28359 Records and Registration Office Phone: (910) 272-3341 Fax; (910) 272-3346