Cogswell
Polytechnical College

Application For Graduation

Personal Information (Name as you would like written on Diploma)

Last Name

First Name

Middle Name

Current Address, Number & Street

City

State

Zip Code

E-Mail Address

Student ID Number

Home Phone

Work Phone

Ext.

Address to which graduation information should be sent: ☐Current ☐ Other address

Address to which Diploma should be sent: ☐ Current ☐ Other address ☐ Pick up

Other Address, Number & Street

City

State

Zip Code

Phone

Program of Study: _____ **Specialization** _____

Degree: (Circle One) BS BA Expected Semester of Graduation: _____

April Graduation Ceremony you will attend: ☐ None ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008

MAJOR: _____ **SPECIALIZATION:** _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

For College Use Only:
Date application received:_____ Date Fee Received _____ Type of Payment _____