



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000 ELIZABETH CAMPUS (908) 965-6000 PLAINFIELD CAMPUS (908) 412-3599 SCOTCH PLAINS CAMPUS (908) 709-7000

***** APPLICATION FOR GRADUATION *****

TRINITAS AND MUHLENBERG STUDENTS PAY WITH HOSPITAL FEES BUT MUST SUBMIT THE APPLICATION

STUDENT ID # _____ TELEPHONE # _____

PLEASE PRINT CLEARLY YOUR NAME AS IT SHOULD APPEAR ON DIPLOMA

FIRST NAME _____ MIDDLE NAME (OR INITIAL) _____ LAST NAME _____

ADDRESS _____ TOWN _____ STATE _____ ZIP CODE _____

CHECK MONTH AND LIST YEAR YOU EXPECT TO GRADUATE

AUGUST 20 ____ TO BE SUBMITTED BY JUNE 1ST
 JANUARY 20 ____ TO BE SUBMITTED BY OCTOBER 1ST
 MAY 20 ____ TO BE SUBMITTED BY FEBRUARY 1ST

PRINT YOUR CURRICULUM/MAJOR _____ OPTION (IF ANY) _____

DEGREE (CHECK ONE) AA ____ AAS ____ AS ____ DP ____ CT ____

DO YOU HAVE TRANSFER CREDITS GRANTED FROM ANOTHER INSTITUTION? YES ____ NO ____

DID YOU RECEIVE A COURSE WAIVER? YES ____ NO ____

 TO COMPLY WITH FEDERAL LAW, WE ARE REQUIRED TO REQUEST THE FOLLOWING RACIAL/ETHNIC INFORMATION - PLEASE CHECK:

- 1. HISPANIC/LATINO
- 2. AMERICAN INDIAN/ALASKAN NATIVE
- 3. ASIAN
- 4. BLACK/AFRICAN AMERICAN
- 5. NATIVE HAWAIIAN/PACIFIC ISLANDER
- 6. WHITE
- 7. DECLINED TO IDENTIFY

DATE _____ SIGNATURE _____

 CURRENT E-MAIL ADDRESS

FOR OFFICE USE ONLY		
DEGREE CHECKOUT STATUS		
1. PRELIMINARY CHECKOUT	_____	
2. FINAL CHECKOUT	_____	
3. DOES NOT MEET REQUIREMENTS	_____	REASON _____
COMMENTS _____		
TERM REQUIREMENTS COMPLETED	_____	FINAL GPA _____ DATE _____
GRADUATION ADMINISTRATOR SIGNATURE _____		