



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

This application will not be accepted without the signature of an Advisor or College Official.

Student ID # _____

Student Phone Number _____

PLEASE PRINT CLEARLY YOUR NAME AS IT SHOULD APPEAR ON DIPLOMA.

This will NOT change the name as it appears on your student record. If you wish to change your name on your student record, you must complete a name change form.

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 NOVEMBER 1ST
____ MAY	20 ____	TO BE SUBMITTED BY FEBRUARY 1ST

PRINT YOUR CURRICULUM/MAJOR _____

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

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

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

Student Signature _____

Date _____

For Official Use Only	
DEGREE STATUS	
1. Pending Completion of final courses: Yes _____ No _____	
2. Missing courses: Yes _____ No _____ (if so, please list) _____	
3. Course Substitution Required: Yes ____ No ____ (please specify course substitution) _____	
4. Other: (CLEP, transcript review, etc.) _____	
College Official (Print Name) _____	College Official (Signature) _____