



# Marymount Manhattan

## Application for Graduation

### I. PERSONAL INFORMATION

MMC ID# \_\_\_\_\_

PHONE # \_\_\_\_\_

#### Mailing Address for Diploma

Address (including Apartment/Building #)

City, State, and Zip code

**REQUESTED DIPLOMA NAME-(PRINT LEGIBLY – FIRST, MIDDLE, LAST NAME).** This will appear on your diploma, in the commencement program and will be announced at commencement. Legal name only – no nicknames, quotes, slashes, titles, etc.

Name on Diploma: \_\_\_\_\_

### II. GRADUATION INFORMATION

I will be completing **all** my graduation requirements by the end of:

Spring 20 \_\_\_\_ (June Graduate)     Summer 20 \_\_\_\_ (September Graduate)     Fall 20 \_\_\_\_ (February Graduate)

Graduation/ Degree Conferral Date	Deadline to Meet All Degree Requirements	Deadline to Submit Graduation Application*(*If the 15 <sup>th</sup> day falls on a weekend, deadline will extend to the following Monday)
September 01, 20__	August	May 15
February 01, 20__	January	September 15
June 01, 20__	May	November 15

Catalogue Year in which you completed your degree requirements (ex: 2014-15): \_\_\_\_\_

### III. PROGRAM INFORMATION

Degree [check one box only]:     Bachelor of Arts     Bachelor of Fine Arts     Bachelor of Science

Major \_\_\_\_\_

### IV. STUDENT ACKNOWLEDGMENT

- I understand that all **academic and financial obligations and holds** must be cleared before commencement.
- I understand that participation in the commencement ceremony does not constitute conferral of a degree and that I must fulfill all requirements and be certified by the Office of the Registrar before I can receive my diploma.
- I certify that the information given on this application is complete and correct.

STUDENT SIGNATURE

DATE

Return this form: Scan the form back to us at registrar@mmm.edu

Office Use Only –  App entered & Eval sent date \_\_\_\_\_  Holds \_\_\_ Grad \_\_\_ FA \_\_\_ AR