

SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

One Armory Square • P.O. Box 9000 • Springfield, Massachusetts 01102-9000 • Telephone (413) 755-4321 • www.stcc.edu/registrar



OFFICE OF THE REGISTRAR

CANDIDATE FOR GRADUATION FORM

THIS FORM MUST BE ACCOMPANIED BY AN ACADEMIC EVALUATION



Garvey Hall

PLEASE PRINT ALL INFORMATION

DATE _____ STUDENT ID# _____

DEGREE PROGRAM _____ {example: LTGS.AA • LECJ.COC • CART.AS}

DEGREE TITLE _____

NAME _____

(Name on diploma must correspond with name on record)

EXPECTED GRADUATION DATE: MAY _____ **SEP _____ JAN _____

**SEPTEMBER GRADUATION DATE IS ONLY FOR ALLIED HEALTH PROGRAMS WITH SUMMER AFFILIATION COURSES.

THIS INFORMATION IS ESSENTIAL FOR REPORTING PURPOSES

BIRTHDATE _____

ETHNICITY INFORMATION (This information is used for statistical purposes only)

Please check one:

Hispanic or Latino Not Hispanic or Latino Do not wish to report

Please check all that apply:

American Indian or Alaska Native Black or African American Asian White
 Native Hawaiian or Other Pacific Islander Do not wish to report

ARE YOU A NON-RESIDENT ALIEN? Yes No

IF ARE YOU CURRENTLY TAKING A COURSE OR COURSES AT ANOTHER INSTITUTION TO COMPLETE YOUR DEGREE OR CERTIFICATE REQUIREMENTS AT **STCC**, PLEASE INDICATE: _____

Name of College

COURSES TO BE TRANSFERRED:

DO NOT SUBMIT THIS FORM UNLESS ALL REQUIREMENTS FOR GRADUATION ARE TO BE COMPLETED BY SEMESTER'S END

ALL SIGNATURES REQUIRED

DEPARTMENT CHAIR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

CURRENT MAILING ADDRESS:

Street _____ Apt# _____

City _____ State _____ Zip _____

Phone: _____