GRADUATION APPLICATION

(PLEASE PRINT)

1. APPLICATION DATE: ___________________ GRADUATION DATE: (circle) JAN JUNE AUG 20________

2. STUDENT I.D. #:_________________________ PHONE NUMBER: ______________________________________________________

3. NAME*: ____________________________________________________________
   (last) (first) (middle initial) (maiden)

   *NOTE: The name that will appear on your diploma is the name that is listed on your official college student record.

4. ADDRESS: ________________________________
   _______________________________________________________________
   (street)

   _______________________________________________________________
   (city) (state) (zip code)

5. APPLYING FOR:  ☐ Associate Degree  ☐ Certificate

6. PROGRAM CODE (e.g. BUS. AS) __________________________________________

7. HAVE YOU APPLIED FOR A COURSE WAIVER:  ☐ Yes  ☐ No

8. HAVE YOU RECEIVED APPROVAL FOR A COURSE WAIVER:  ☐ Yes* ☐ No ☐ Pending

   *If “YES”, attach a copy of the approval letter from the Dean’s Office. Waivers will not be honored without the approval letter.

   If for any reason you are denied graduation for the date indicated above, it is your responsibility
to contact the Dean’s Office to reactivate your graduation packet once requirements have been met.

   If you intend to enroll in courses at Camden County College after you graduate, you must complete a new admissions application.

Original: Student’s Academic Dean
Copy: Program Coordinator or Academic Advisor
Copy: Student

OFFICE USE ONLY
Dean (initial): _____________
Date: ____________

Updated: 12/2010