HOUSATONIC
COMMUNITY COLLEGE

900 Lafayette Blvd.
Bridgeport, CT 06604
Fax: (203) 332-5251

GRADUATION APPLICATION

Please submit this application to the Registrar's Office with
A copy of your Graduation Evaluation

Print Your Name Exactly As You Wish To Have It Appear On Your Diploma

NAME: _____
FIRST **MIDDLE** **LAST**

ADDRESS: _____
STREET **CITY** **STATE** **ZIP**

BANNER ID #: __ __ __ __ __ __ __ __ __ **PHONE #**: __ __ __ - __ __ __ - __ __ __ __

E-MAIL: _____

PROGRAM: _____ **DEGREE**: ____ **CERTIFICATE**: ____

GRADUATION DATE: YEAR – 20 __ SPRING ____ SUMMER ____ FALL ____

IMPORTANT INFORMATION

IF YOUR ARE USING TRANSFER CREDITS PLEASE CHECK YOUR TRANSCRIPT ON COMMNET.

YOU MUST MEET THE MINIMUM REQUIREMENT OF 2.00 GPA TO GRADUATE.

ANY COURSE SUBSTITUTIONS OR WAIVERS MUST BE DOCUMENTED BY A DEPARTMENT CHAIRPERSON AND SUBMITTED TO THE REGISTRARS OFFICE BY MID-TERM OF THE SEMESTER YOU WISH TO GRADUATE. THIS DOCUMENTATION IS PART OF YOUR PERMANENT GRADUATION FILE.

I ACKNOWLEDGE THAT BY SIGNING THIS APPLICATION I GIVE HCC PERMISSION TO PRINT MY NAME AND ACADEMIC MAJOR IN THE COMMENCEMENT BROCHURE AND HAVE MY ACADEMIC MAJOR ANNOUNCED AT THE GRADUATION CEREMONY IF I CHOOSE TO ATTEND.

SIGNATURE: _____ **DATE**: _____