

REQUEST TO GRADUATE FORM

YOUR INFORMATION

Name: _____
 First Middle Last

Address: _____
 Street

 City State Zip Code

Phone: _____ Email: _____

DEGREE INFORMATION

Name exactly as it should appear on your diploma:

 First Middle Last

Please indicate which degree you expect to earn at graduation:

- | | |
|--|---|
| <input type="checkbox"/> Audit Certificate of Completion | <input type="checkbox"/> Diploma in Theology |
| <input type="checkbox"/> Associate of Theology | <input type="checkbox"/> Advanced Diploma in Theology |
| <input type="checkbox"/> Bachelor of Theology | <input type="checkbox"/> Master of Theology |

CAP AND GOWN INFORMATION: Full cap and gown set is required the first year and can be reused

- I need a full cap and gown set (\$35.00) Height: _____ Weight: _____
- I need a tassel with the current year (\$5.00)
- I do not need any additional items for graduation Amount Due: _____

FURTHER EDUCATION

Are you planning on continuing your education at FCCollege next year? Yes No

If Yes, will you pursue a degree or audit courses? Degree Audit

CERTIFICATION

Student Signature: _____ Date: _____

Due Date: May 1

FOR OFFICE USE ONLY

Is the Student Eligible for Graduation: Yes No Financial Clearance: Yes No

Payment Received: Yes No Registrar's Signature: _____