REQUEST TO GRADUATE FORM

FAITH CHRISTIAN COLLEGE

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 (if desired) Last

Please indicate which degree you expect to earn at graduation:

- ☐ Audit Certificate of Completion
- ☐ Associate of Theology
- ☐ Bachelor of Theology
- ☐ 30 Credit Certificate of Completion
- ☐ 90 Credit Certificate of Completion
- ☐ Master of Theology

Do you intend to participate in the Graduation ceremony? ☐ Yes ☐ No

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

☐ I need a full cap, gown, and tassel set ($35.00) Height: _____ Weight: _____

☐ I need a tassel with the current year only ($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 ☐ Unsure

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: _____

SUBMIT

05/2019