

DUTCHESS

COMMUNITY COLLEGE

53 Pendell Road • Poughkeepsie • NY 12601

Graduation Application

For Office Use Only

Curriculum Check: _____

SHADEGR: _____

SHADIPL: _____

DIRECTIONS:

1. All applicants for graduation are to **complete PART I** of this application.
2. Applicants must meet with an Academic Coach to **complete PART II**, contact an Academic Coach at act@sunydutchess.edu
3. This form will be used to determine **eligibility** for a degree or certificate to be awarded officially on your transcript.

PART I: DIPLOMA INFORMATION – To be completed by student

CLEARLY PRINT YOUR NAME EXACTLY AS YOU WISH FOR IT TO APPEAR ON YOUR DIPLOMA

First Name _____

Middle Name or Initial
(Optional) _____

Last Name _____

YOUR DIPLOMA WILL BE DELIVERED TO THE MAILING ADDRESS YOU PROVIDE BELOW:

To ensure you receive your diploma/certificate you must notify the Registrar's Office of any changes to your mailing address after you submit your application to registrar@sunydutchess.edu

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Telephone: _____ Cell Phone: _____ Student ID Number: _____

In applying, I understand it is my responsibility to meet all academic, financial and other obligations outlined in the college catalog from when I first matriculated.

Signature: _____ Date: _____

PART II: To be completed by an Academic Coach

Curriculum: _____ Degree: (Choose your degree) A.A. A.A.S. A.S. CERT.

Anticipated Semester of Graduation: Jan 20 _____ May 20 _____ Aug 20 _____

Course in progress/semester

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Course to be completed/semester

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Conditions: _____

Current GPA: _____ Degree Works Audit Percentage: _____ QSR met: Yes No

Academic Coach Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Diploma Mailed _____

Diploma Picked Up _____

Office Staff Initial _____

Matriculation Fee