

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