CAPE COD COMMUNITY COLLEGE
Powerful Futures Start Here

Office of the Registrar – APPLICATION TO GRADUATE
2240 Iyannough Road | West Barnstable, MA 02668
774.330.4711 | Fax: 508.375.4084 | registration@capecod.edu | www.capecod.edu

This form must be completed with an Advisor. After submission of this application to the Office of the Registrar,
an official degree audit and review of curriculum requirements will occur to certify your eligibility for graduation.

My degree/certificate requirements will be complete:

☐ Fall (January) *Application deadline is October 1st*

☐ Summer (August/September) *Application deadline is June 1st*

☐ Spring (May) *Application deadline is February 1st*

☐ I will be one course short of graduating in May.
*I wish to participate in the May Commencement Ceremony. I will complete all degree/certificate requirements. I understand I need to submit this form by February 1st and a new **Application to Graduate** after the requirements are complete.*

Student ID#: _____

Student Legal Name: _____

Date of Birth: _____

Phone Number: _____

Personal Email Address: _____

Name for Diploma or Certificate: *Print your name clearly and exactly as you want it to appear on your diploma/certificate.*

Name: _____
Please indicate special characters, capitalization or accent marks to include in your diploma name.

Address* to mail diploma (mailed 4-6 weeks after Commencement)**:**

Street/PO Box: _____ City: _____ State: _____ Zip: _____
*This address will become your permanent mailing address on file with the College.

Degree or certificate applying for (*separate applications must be submitted for each degree or certificate*)**:**

☐ Associate in Arts (AA)   ☐ Associate in Science (AS)   ☐ Associate in Applied Science (AAS)   ☐ Certificate (CT)

Program (required): _____ Concentration (required): _____

➤ **Are you repeating any courses this semester that you have previously earned a grade?** ☐ No   ☐ Yes
If yes, list courses _____

➤ **Are you requesting to continue in another degree/certificate at CCCC after graduation?** ☐ No   ☐ Yes
If yes, list program information. Degree: _____ Program: _____ Concentration: _____

Student Signature (required): _____ **Date:** _____

I understand that all course, degree or certificate requirements must be complete and a minimum of 2.0 Grade Point Average (GPA) must be met from my program of study in order to graduate. With my signature above, I also authorize Cape Cod Community College to release information for the Commencement program, local newspapers and professional photographer. The College may also share mailing, personal email and telephone contact information with the Cape Cod Community College Alumni Network, part of the Educational Foundation. If I do not want the release of this information, I will submit a Request to Withhold Directory Information form with this application. (*Placing a FERPA hold on Directory Information will prevent release of information permanently until revoked within context of State and Federal law and/or in writing by the student.*)

Academic Advisor Use:
- Number of credits the student **has earned** toward degree/certificate program: _____
- Number of credits the student **needs to complete** degree/certificate program: _____
- Does the student have an overall GPA of 2.00 or greater prior to the end of the current semester? ☐ No   ☐ Yes
- Does the student have any outstanding CLEP, Course Challenge, Substitutions or Transfer Credit, or need current transfer credits to be evaluated? ☐ No   ☐ Yes, note details: _____

Advisor Signature (required): _____ **Date:** _____

Advisor Printed Name (required): _____ **Extension:** _____