



1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

CRANFORD CAMPUS (908) 709-7000

ELIZABETH CAMPUS (908) 965-6000

PLAINFIELD CAMPUS (908) 412-3599

SCOTCH PLAINS CAMPUS (908) 709-7000

*** APPLICATION FOR GRADUATION ***

GRADUATION FEE \$60.00 (NON-REFUNDABLE)

(SUBMIT WITH APPLICATION TO STUDENT ACCOUNTS OFFICE OR FAX IN FORM WITH COMPLETED CREDIT CARD PAYMENT FORM TO (908) 709-7131) Phone: (908) 709-7160

TRINITAS AND MUHLENBERG STUDENTS PAY WITH HOSPITAL FEES BUT MUST SUBMIT THE APPLICATION

SOCIAL SECURITY # OR CWID

TELEPHONE #

PLEASE PRINT CLEARLY YOUR NAME AS IT SHOULD APPEAR ON DIPLOMA

FIRST NAME

MIDDLE NAME (OR INITIAL)

LAST NAME

ADDRESS

TOWN

STATE

ZIP CODE

CHECK MONTH AND LIST YEAR YOU EXPECT TO GRADUATE

- OCTOBER 20 TO BE SUBMITTED BY JULY 1ST
JANUARY 20 TO BE SUBMITTED BY NOVEMBER 1ST
MAY 20 TO BE SUBMITTED BY FEBRUARY 1ST

PRINT YOUR CURRICULUM/MAJOR OPTION (IF ANY)

DEGREE (CHECK ONE) AA AAS AS DP CT

DO YOU HAVE TRANSFER CREDITS GRANTED FROM ANOTHER INSTITUTION? YES NO

DID YOU RECEIVE A COURSE WAIVER? YES NO

TO COMPLY WITH FEDERAL LAW, WE ARE REQUIRED TO REQUEST THE FOLLOWING RACIAL/ETHNIC INFORMATION - PLEASE CHECK ONE:

- 1. AMERICAN INDIAN/ALASKAN NATIVE
2. ASIAN OR PACIFIC ISLANDER
3. AFRICAN AMERICAN
4. CENTRAL/SOUTHERN AMERICAN
5. CUBAN
6. HISPANIC
7. MEXICAN
8. PUERTO RICAN
9. WHITE, NON-HISPANIC
10. OTHER

DATE

SIGNATURE

CURRENT E-MAIL ADDRESS

FOR OFFICE USE ONLY

DEGREE CHECKOUT STATUS
1. PRELIMINARY CHECKOUT
2. FINAL CHECKOUT
3. DOES NOT MEET REQUIREMENTS REASON
COMMENTS
TERM REQUIREMENTS COMPLETED FINAL GPA DATE

GRADUATION ADMINISTRATOR SIGNATURE

UNION COUNTY COLLEGE
CREDIT CARD PAYMENT AUTHORIZATION FORM
FOR GRADUATION APPLICATION ONLY

Please Print Clearly

STUDENT NAME: _____

STUDENT ID NUMBER: _____

VISA CARD #: _____

Expiration Date

MASTER CARD #: _____

Expiration Date

DISCOVER CARD #: _____

Expiration Date

AMERICAN EXPRESS NOT ACCEPTED

AMOUNT TO BE CHARGED: \$ _____

NAME OF CARD HOLDER: _____

ADDRESS OF CARD HOLDER:

(I GIVE PERMISSION TO UNION COUNTY COLLEGE TO CHARGE THE CREDIT CARD INDICATED ABOVE).

SIGNATURE OF CARD HOLDER: _____

DATE: _____