THOMAS COLLEGE
Office of the Registrar
180 West River Road -- Waterville, ME 04901
Phone: 207-859-1108
FAX: 207-859-1114
Scan and email to registrar2@thomas.edu

2011 APPLICATION FOR GRADUATION -- DEGREE INFORMATION

*This form must be completed and returned to the Registrar's Office **by December 1, 2010**.*
**Signing this form acknowledges that I will be charged a graduation fee.*

Student ID No. _____ Student Signature _____

Please indicate what date you plan to complete your degree requirements:

Month_____ Year_____

Diploma Information: Your name will be printed on your diploma exactly as you indicate below. **PLEASE PRINT CLEARLY**.

Name_____
First Middle Last

Degree ___ A.A. ___ A.S. ___ B.A. ___ B.S. Major _____

___ MBA ___ MBA, HR ___ MS, Ed ___ MS,CTE

Grad students: Previous degree _____ Rec'd from _____
(please indicate B.S., B.A., etc…) College/University (only list one)

Program information:
Please indicate your hometown and state, as you would like to have them printed in the commencement program: _____

Your name will appear in the program just as it is on your diploma unless you indicate here how you want your name in the program: _____

Are you planning to participate in the graduation ceremonies on Saturday, May 14, 2011?
__Yes __ No (If yes, please complete cap & gown order form)

Office Use Only:
Registrar: