

Office of the Registrar
Thomas College

2024 Application for Graduation

This form must be completed and returned to the Registrar's Office by **December 15th, 2023**

Student Name: _____

Off-Campus Email Address (Required) _____

Off-Campus Mailing Address (Required) _____

Student Signature* _____

**Signing this form acknowledges that I will be charged a graduation fee and the information below will be published in the commencement program.*

Please indicate when you plan to complete your degree requirements:

Month: _____ Year: _____

Are you planning to participate in the Commencement Ceremony on Saturday, May 11, 2024?

Yes: _____ No: _____

If yes, please indicate the following for Cap & Gown Sizing

Height: _____ Weight: _____

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

PLEASE PRINT CLEARLY.

Name: _____
First Middle Last

Degree: _____ Associate _____ Bachelor _____ Master _____ Certificate of Advanced Study

Commencement Program Information:

Please indicate your hometown and state, as you would like to have them printed in the 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 a Veteran of the U.S. military? _____ Yes _____ No

If yes, would you like to be recognized at Honors Convocation? _____ Yes _____ No

Graduate students: Previous degree _____ from _____
(Please indicate B.S., B.A., etc.) College/University (only list one)

International Students/Dual Citizenship Students: Please indicate your country or country in which you hold dual citizenship _____