Office of the Registrar
Thomas College

2025 Application for Graduation

This form must be completed and returned to the Registrar's Office **by December 13th, 2024**

Student Name: _____
Off-Campus Email Address (Required)_____

Off-Campus Mailing Address: please include your street, city, state and zip code (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 17, 2025?

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 current Service Member or 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_____