THOMAS COLLEGE
Office of the Registrar
180 West River Road -- Waterville, ME 04901
Phone: 207-859-1405 - FAX: 207-859-1115
Scan and email to Registrar@thomas.edu

2019 APPLICATION FOR GRADUATION -- DEGREE INFORMATION

This form must be completed and returned to the Registrar's Office ***by December 1, 2018****.*

Student ID No. _____ Date_____

Off-Campus Email Address (Required)_____

Student Signature _____

Signing this form acknowledges that I will be charged a graduation fee.

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 ___ Associate ___ Bachelor ___ Master

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

Double Majors Only: Would you like two separate Diplomas_____

Degree: ___ B.A. ___ B.S. Major _____
*If you ask for two diplomas there will be a fee added.

Are you a Veteran of the U.S. military? _____Yes ____No

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 11, 2019?
__Yes __ No (If yes, please complete attached cap & gown order form)