

**EASTERN GATEWAY COMMUNITY COLLEGE  
GRADUATION CANDIDACY REQUEST FORM**

To be completed by the CANDIDATE:

Power Campus I.D. # \_\_\_\_\_

Name: \_\_\_\_\_

*Print exactly how you want your name to appear your diploma*

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

If we cannot reach you at the number above, is there another phone number where we could leave a message?

(\_\_\_\_\_) \_\_\_\_\_

Catalog Year you began this major: \_\_\_\_\_

Check Applicable Degree (s): If you have more than one major, you must fill out additional forms for additional degrees

<input type="checkbox"/> Associate of Arts (AA)	Major: _____
<input type="checkbox"/> Associate of Science (AS)	Major: _____
<input type="checkbox"/> Associate of Applied Business (AAB)	Major: _____
<input type="checkbox"/> Associate of Applied Science (AAS)	Major: _____
<input type="checkbox"/> Associate of Technical Study (ATS)	Major: _____
<input type="checkbox"/> Certificate	Major: _____

***Date Requirements to be Completed:*** \_\_\_\_\_

**DO NOT COMPLETE THIS FORM UNLESS YOUR REQUIREMENTS ARE TO BE COMPLETED THIS ACADEMIC YEAR**

Will you or a family member require disability services at the graduation ceremony? \_\_\_\_\_

If so, what? \_\_\_\_\_

**Must provide the following information for Cap & Gown Measurements:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**COMPLETE THE ABOVE PORTION AND RETURN TO THE DEAN OF ENROLLMENT MANAGEMENT AND STUDENT INFORMATION OFFICE (ROOM 2625, ADMINISTRATIVE WING).**