

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

To be completed by the CANDIDATE:

Student 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? _____

Student's Signature

Date

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

For Office Use Only

Certified: _____

HS Transcript: _____

Diploma Ordered: _____

Honors: _____

