



SALEM COMMUNITY COLLEGE

Application for Graduation

To be eligible for graduation, a student must be currently matriculated at the College.

Student I.D. Number: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____
Number Street

_____ *City State Zip County*

Telephone Home: _____ Cell: _____ E-mail: _____

I will complete all the course requirements for the: AA AFA AS AAS Certificate

Major: _____
Name

Please indicate how you want your name to appear on your diploma:

_____ *First Middle Last Suffix (e.g. Jr., III)*

I plan to graduate in: December May August Year _____

I plan to participate in Commencement in May: Yes No
Diplomas will be withheld from all students having outstanding college obligations.

I am a NJ STAR: Yes No

I am a member of the Phi Theta Kappa Honor Society: Yes No

I plan to transfer to a four-year college: Yes No If yes, where: _____

I hereby certify that all information supplied by me in this application is accurate and complete.

Student's Signature

Date

NOTES:

Graduation fee is due at time of application.

If, after filing the application, a candidate finds he/she is unable to complete the degree requirements by the end of the term specified, he/she should reapply for the semester of completion.

STUDENT ACCOUNTS USE:

\$ _____ paid

Date _____

Student Accounts Signature