Rockingham COMMUNITY COLLEGE
Records Office
Whitcomb Student Center
PO Box 38 Wentworth NC 27375

336.342.4261 ext. 2333 Phone
336.342.1809 Fax
records@rockinghamcc.edu

APPLICATION FOR GRADUATION

FORM INSTRUCTIONS: Submit the completed form to the Records Office by the applicable deadline.

Applicants will be contacted by the Records Office if there is a problem with the application. Applicants who are eligible to graduate will receive graduation information by mail and email approximately one month prior to graduation.

STUDENT ID#: _____

TERM APPLYING FOR (as per application deadline)**:**
☐ Dec ☐ May ☐ July Year _____

PHONE: _____ **RCC EMAIL ADDRESS:** _____ @ students.rockinghamcc.edu

NAME: _____
Name as it is to appear on your diploma (please print clearly)

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PROGRAM OF STUDY - List each separately (Use additional form if necessary):	**PROGRAM CODE:**
	_____(____)
	_____(____)
	_____(____)

I will meet graduation requirements in the **catalog.**
Catalog Year (i.e. 2016-2017)

Are you currently enrolled at another college in courses needed to graduate?* ☐Yes ☐No
*You must supply a copy of your course schedule showing courses in which you are enrolled.

Do you plan to participate in the graduation ceremony? ☐ Yes ☐ No

It is the responsibility of each student to understand and complete all requirements for graduation.

_____ _____
Student signature Date
Unless sent from an official Rockingham Community College email account, this form must have a handwritten signature.

OFFICE USE ONLY

RECHS ❑
CCP ❑

BKST_____

RECORDS _____
Initials/date

ITEMS RECEIVED
Cap & Gown _____
Invitations _____
Donate _____

Graduate YES _____ NO _____

Academic Honors _____ Honor Society _____

Registrar Signature _____ Date _____