

Massachusetts College of Liberal Arts
Application for Graduation

Please complete this application. ***Your records will not be reviewed for degree clearance until this application has been processed.***

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PLEASE PRINT ALL INFORMATION CLEARLY

Student ID

Name _____
Last First Middle

Mailing Address _____

Phone() _____ Campus Phone _____ Box # _____

 **DEADLINES**

MAY GRADUATION:	February 15
AUGUST GRADUATION:	June 1
JANUARY GRADUATION:	November 1

I am applying for the following degree circle one: BA BS

Anticipated Completion of Requirements
 May August December

Major 1 _____ Major 2 _____
Minor 1 _____ Minor 2 _____
Concentration 1 _____ Concentration 2 _____

Education Licensure: ECHE _____ ELEM _____ MDSC _____ SCED _____

Graduate Program (M.Ed) Certificate of Advanced Graduate Studies (CAGS)



_____ *Please print your name exactly as you would like it to appear on your diploma*

Do you plan to attend commencement? Yes No

If degree requirements are not completed at the time of graduation, you can not participate in the commencement ceremony and you **must reapply**.

All graduation clearance and other information will be sent to your campus mailbox. Please check your mailbox regularly.

Student Signature _____ date _____