



# Graduation Application

**DEADLINES:**

Fall Graduates: December 1st

Spring & Summer Graduates: April 1<sup>st</sup>

SEE FOR YOURSELF AT CENTRAL CAROLINA TECHNICAL COLLEGE

Please complete this application if you are unable to apply online in myCCTC.

PLEASE PRINT CLEARLY

Applicant's College ID C \_\_\_\_\_

**SPECIAL NOTE CONCERNING NAME:** The name listed on your academic record is the name that will appear on your award. If incorrect, a Name Change Form with supporting documentation must be completed with the Student Records Office.

Name \_\_\_\_\_  
Legal Last Name
Legal First Name
Legal Middle Name
(Suffix - Jr, II, III, etc.)

**SPECIAL NOTE CONCERNING ADDRESS and PHONE NUMBER:** The address and telephone number currently listed on your academic records is where you will be contacted when your award is ready. If this information has changed, complete an address change request in myCCTC.

Address \_\_\_\_\_  
Street or PO Box
City
State
Zip

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) Landline ( \_\_\_\_\_ ) Other ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code
Phone
Please list

Personal e-mail address \_\_\_\_\_

Program \_\_\_\_\_ Degree \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate \_\_\_\_\_  
Please check all that apply

What is your anticipated Graduation term? \_\_\_\_\_

Do you plan to participate in the May Commencement Ceremony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you require any special accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that all statements answered on this application are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Registrar's Office Use Only</b>			
Received: _____	Data Entered _____	Catalog Term: _____	
Program Complete: _____	Notes: _____		