

Graduation Application

APPLICATION DEADLINES:

Fall Graduates: December 1st Spring & Summer Graduates: April 1st

SEE FOR YOURSELF AT CENTRAL CAROLINA TECHNICAL COLLEGE

PLEASE PRINT CLEARLY Applicant's College ID (<u> </u>			
	NING NAME: The name listed on your and name listed on your and name to be completed with the Stude	cademicrecord is the name that will appear or nt Records Office.	n your award. If incorrect, a Nan	ne Change Form with
Name				
rtamo	LegalLastName	Legal First Name	Legal Middle Na	me (Suffix - Jr. II, III, etc.)
		R:The address and telephone number currentl nplete an address change request in myC		dsiswhereyouwillbecontacted
Address_				
	Street or PO Box	City	State	Zip
Primary Phone ()	Cell Landline	Other	
Area (*			Please list
Program			Degree Diplo	
Program			Degree Diplo	
Program			Degree Diplo	
Anticipated Graduation	n term (please check box):	Fall Spring Summ	er	
Do you plan to particip	pate in the May Commenceme	nt Ceremony? Yes No		
	any special accommodation?			
I certify that all staten	ments answered on this applica	ation are true and complete to the	best of my knowledge.	
Signature		Date		
Please email thi	is form to records@cct	<u>ech.edu</u> .		
•	s, please contact Carmen Davi -6654, email <u>records@cctech.</u>	s, Graduation Coordinator, at (803 edu.	3)778-6671, email <u>davis</u>	ccl@cctech.edu or Student
For Registrar's Of	fice Use Only			
Received:	Data Entered		Catalog Term:	
Program Complete:	Notes:			

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