

Application for Graduation

I. PERSONAL INFORMATION	<u>N</u>		
MMC ID#		PHONE #	
Mailing Address for Diploma be located to avoid your diplor	a (Note: Allow approma being returned.) If	ximately 60 days for diploma procession left blank your diploma will be mailed to the	ng – Enter a mailing address of where you will he permanent address on MMC Connect.
Address (including Apartment	/Building #)		
City, State, and Zip code			
		LY - FIRST, MIDDLE, LAST NAME). commencement. <u>Legal name only</u> – no	. This will appear on your diploma, in the nicknames, quotes, slashes, titles, etc.
Name on Diploma:			
II. GRADUATION INFORMAT I will be completing all my grad	duation requirements		□ Foll 20 (February Craduate)
Spring 20 (Ju	ine Graduate) 🔲	Summer 20 (September Graduate)	May Commencement Plans**
Graduation/ Degree Conferral Date	Deadline to Meet All Degree Requirements	Deadline to Submit Graduation Application*(*If the 15 th day falls on a weekend, deadline will extend to the following Monday)	Yes - I will be completing all my requirements by May and plan on participating in commencement. Yes - Although I have not completed all my requirements, I plan to file a separate Special Request for Permission to Participate in Commencement Ceremony form, if I am eligible based on MMC's commencement policy.
September 01, 20	August	May 15	
February 01, 20	January	September 15	
June 01, 20	Мау	November 15	
Catalogue Year in which you	ı completed your de	gree requirements (ex: 2014-15):	No - I do not plan on participating in commencement.
III. PROGRAM INFORMATIO	_	_	
Degree [check one box only Note: For Students in Dual N		of Arts Bachelor of Science Bac e 1 degree only (Majors/Concentration	
Major(s)			
Concentration/Minor			
that I will be charged \$1 **I understand that partifulfill all requirements a	ademic and financial 25 (subject to chang cipation in the comr nd be certified by the	e) for a one-time graduation application	d before commencement. I also understand on process fee. The fee is non-refundable. tute conferral of a degree and that I must eceive my diploma.
STUDENT SIGNATURE			DATE
Return this form: by mail to by pdf to css@mmm.edu	CSS/Marymount Ma	ınhattan College/221 E.71 St./New York	k, NY 10021 or, by fax to 212 517-0491 or,

Holds Grad FA AR

Office Use Only -
App entered & Eval sent date _