



# Degree Application Form Springfield College

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

1. SC ID#: \_\_\_\_\_ Name: \_\_\_\_\_

2. Do you plan on attending the commencement ceremony in **Springfield, MA in May 2009**?  
(circle one) **YES** or **NO** *Note: Commencement Ceremony is ONLY in May.*

3. **ON THE LINE BELOW, PRINT YOUR NAME EXACTLY AS IT IS TO APPEAR ON YOUR DIPLOMA:**  
*Be specific and clear regarding location of accents and special marks.*

4. Which division will you graduate from? (circle one)  
*Undergraduate Graduate School*

5. Are you with the School of Human Services: *yes no*  
If yes, which Campus: \_\_\_\_\_

6. When do you plan to complete your degree requirements? (check the appropriate date)

_____ December 2008	_____ May 2009	_____ August 2009
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7. Anticipated degree: (circle one)  
*B.S. B.A. M.S. M.Ed. M.S.W. P.H.D. C.A.G.S.*

8. Major 1: \_\_\_\_\_ Concentration: \_\_\_\_\_ Minor 1: \_\_\_\_\_

Major 2: \_\_\_\_\_ Concentration: \_\_\_\_\_ Minor 2: \_\_\_\_\_

9. If you are attending the ceremony and have a physical disability that requires special seating arrangements, please indicate the type of arrangement on the line provided below. The Office of the Registrar will contact you to confirm arrangements:

Arrangement Necessary: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

10. The mailing address you would like your diploma sent to:

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(town, state, zip code) (email address)

\_\_\_\_\_  
(home phone w/area code) (work phone w/area code) (cell phone w/area code)

11. Is the address written above your permanent post-graduation address? (circle one) **YES** or **NO**

12. May we release graduation information to your hometown newspaper(s)? (circle one) **YES** or **NO**

13. \_\_\_\_\_  
(signature of student) (date)