



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 2010**?
(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 2009	____ May 2010	____ August 2010
--------------------	---------------	------------------

7. Anticipated degree: (circle one)
*B.S. B.A. M.S. M.Ed. M.S.W. P.H.D. **D.P.T.** 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)