

ST. JOHN'S COLLEGE – UNIVERSITY DIVISION APPLICATION FOR DEGREE COMPLETION

STUDENT NAME:			
	is you would like it to ap	First Name opear on your diploma. Your name nust be supported by a legal docum	
ADDRESS:		CITY/TOWN:	
PHONE: (cell)	(home)	(work)	
SJC EMAIL ADDRESS:	@sjc.bz	PERSONAL EMAIL ADDRES	S:
PLEASE COMPLETE ALL SEC	CTIONS THAT APPL	Y :	
1. I am applying for a bachelor's	degree in the following	area of study:	
2. My major at the time of gradu	ation is:		····
3. Community service hours cor	npleted: ho	ours Time Card Submission Date	::
*Deadline to submit application	for completion in May- la	☐ Summer ☐ December ast Friday in October or December- the last Friday in Marc	
5. I plan to participate in the cor	nmencement exercise so	cheduled for the current academic y	/ear. □ YES □ NO
In submitting this application to the that the information provided above		& Records Management for the abte.	pove degree, I hereby confirm
Student's Signature			Date (mm/dd/yyyy)
	Signature		Date (mm/dd/yyyy)
 GRADUATION CEREMONY. due to failure to submit this form Payment of the graduation fee m Upon completion of processing, the ARMO. 	The college will not be he had by the scheduled deadling the scheduled deadling that the heart to you a notification is sent to you	EVEN IF YOU DO NOT INTEND teld liable if your name does not appeare. Finance Office before submission of our SJC email address ONLY to collect the initial submission period must reconstruction.	ar on the official graduation list this form at the ARMO. It your official response letter at
	FOR OFFI	CIAL USE ONLY	
Finance Office:		Office of Admissions & Records:	
	ate:	Date:	