

# GRADUATION APPLICATION

PASSAIC COUNTY COMMUNITY COLLEGE  
REGISTRAR'S OFFICE

1 COLLEGE BOULEVARD  
PATERSON, NJ 07505  
PHONE 973-684-6400  
FAX 973-279-5337

**NOTE: All graduation requirements must be verified by the College before a degree is conferred.**

ID # \_\_\_\_\_

Please clearly **PRINT** your name as it should appear on your diploma:

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
LAST NAME

**To complete your application, please provide the information requested below:**

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Day Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ Gender: \_\_\_\_\_ Age \_\_\_\_\_ Start Term \_\_\_\_\_  
(If left blank U.S.A. will be posted)

I will complete my degree requirements at the end of the following semester:  
(Please only enter **one** year)

May (Spring) \_\_\_\_\_ August (Summer) \_\_\_\_\_ December (Fall) \_\_\_\_\_

My degree will be in the following program: \_\_\_\_\_  
(Please check both if applicable) (Please list your major)

A.A / A.S. / A.A.S. \_\_\_\_\_ CERTIFICATE \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If there is a change of address before graduation, please notify the registrar's office **IN WRITING** or e-mail **registrar@pccc.edu** from your PCCC e-mail account.

Rec'd \_\_\_\_\_ Date \_\_\_\_\_