

Application for Graduation

Post Office Box 266 Dublin, North Carolina 28332 Telephone: (910) 879-5500 • Fax Number (910) 879-5564

**The Registrar's Office will send confirmation to your mailing address provided on your application when your application has been processed **

SECTION A (To be completed by Candidat	e)		
Student ID Number / Social Security Number:	Graduation F	Graduation Fee: \$25.00 Receipt #:	
Name (Please print name as you want it to appear on yo	ur credential)		
Last: First	!	Middle:	
Mailing Address:			
City:		Zip:	
Daytime Phone:	Other Phone: _		
Anticipated Completion Date: Fall (Decem	ber) ☐ Spring (May/June) ☐ S	ummer (July/August) Year:	
Major:			
Degree Level Expected: (Check only one)		,	
☐ Associate ☐ Diploma **If completing more than one major or lev	☐ Certificate el, you MUST complete an application for ed	□ Duplicate sch degree/diploma/certificate.**	
Awards, Honors, or Recognitions:		,	
☐ Phi Theta Kappa	☐ Sigma Kappa Delta	□ Veteran	
Your signature serves as consent for BCC to mail graduation in Ceremony Program, and to be posted in local newspapers. If			
Candidate's Signature		Date	
SECTION B (To be completed by Stude	nt Success and Engagement Repro	esentative)	
List all courses yet to be completed for this cred			
	· -		
Student Success and Engagement Represen	ntative	Date	
For Office Use Only			
□ 25% of Coursework Completed at BCC	□ GPA ≤ 2.0 □ High	School Diploma or GED Transcript	
■ No Account Holds or Indebtedness			

^{*}After graduating, you will need to complete a new application for enrollment with the admission's office before registering for any future semester.