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 2012**?
(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 2011	____ May 2012	_____ August 2012

7. Anticipated degree: (circle one)
B.S. B.A. M.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)