Application for Graduation



Date received:	
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Date entered:	

Registrar's Office - Room A115 574 New London Turnpike * Norwich, CT 06360 Phone: (860)215-9064 * Fax: (860)215-9919

1. Print name to appear on diploma below: (first)	(middle	e) ((last)	
2. Other name(s) used at TRCC:				
3. Diploma mailing address: (street)	(cit	y) (state)	(zip)	New address check here
4. Date of application:	5. Day telephone number:		6. Home telephone nu ()	mber:
7. Student ID number: @	Date of birth:		Advisor name:	
8. Indicate the title and type of your degree or certificate (see your Plan of Study form):				
9. Indicate the title and type of second degree or certificate, if applying for more than one:				
10. Select semester you are applying for degree or certificate completion:		11. Previous degree or cer	rtificate earned at TRCC	?
Summer 20 Fall 20 Spring 20_		□ YES □ NO	YEAR	

Missing transfer credit to be used for a TRCC degree				
12. College or University where transfer credit was earned:	13. Have you requested your transcript to be sent to Three Rivers?			
	□ YES □ NO			
14. List any missing transfer credit you expect to be counted toward your degree which has not yet been transferred to Three Rivers:				

- Notes
- (office use only)

1. Attach your Plan of Study form(s) or electronic Degree audit signed by your advisor

2. Request official transcripts for any missing transfer credit you expect to be counted toward your degree

3. Submit completed documents to the Registrar's Office

I acknowledge that by signing this application I give TRCC permission to print my name and academic major in the commencement brochure and to have my academic major announced at the graduation ceremony if I choose to attend.

STUDENT SIGNATURE

DATE