

**DELAWARE**  
 TECHNICAL  COMMUNITY  
**COLLEGE**

## Application for Graduation

*(Please type or print legibly.)*

I will participate in Commencement

I will NOT participate in Commencement

*All diplomas will be mailed 2 weeks after graduation.*

Name of Student (AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA)

*First*

*Middle*

*Last*

Mailing Address \_\_\_\_\_

*City*

*State*

*Zip Code*

Student ID No. 700 \_\_\_\_\_

Major \_\_\_\_\_

**Bachelor of Science - Nursing**

If participating in graduation, indicate which campus's graduation you would like to attend

Stanton    Dover    Georgetown

**Associate Degree**

**Diploma**

**Certificate (Not eligible to participate in commencement)**

Telephone No. \_\_\_\_\_

*Area code*

*Number*

Personal Email Address: \_\_\_\_\_

Expected Term of Completion: \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**Return your completed application by mail or hand deliver to:**

Georgetown Campus  
 Registrar's Office  
 21179 College Drive  
 Georgetown, DE 19947

Stanton Campus  
 Registrar's Office  
 400 Stanton-Christiana Road  
 Newark, DE 19713

Dover Campus  
 Registrar's Office  
 100 Campus Drive  
 Dover, DE 19904

Wilmington Campus  
 Registrar's Office  
 300 N. Orange Street  
 Wilmington, DE 19801

**FOR OFFICE USE:**

Matriculation Date \_\_\_\_\_

All requirements completed and verified:  Yes - w/in-progress courses    No

*Department Chairperson*

*Date*

All records verified and processed

Date of Graduation

*Registrar*

*Date*

**CHECKLIST**

**GPA:** \_\_\_\_\_

**Honors:** \_\_\_\_\_

**Date Diploma**

**Printed:** \_\_\_\_\_

**Date Diploma**

**Mailed:** \_\_\_\_\_

**OFFICIAL COPY**