



MPTC Student Services Staff Entry

Date Received: _____

Staff Initials: _____

Sought record for this program?
(SHADGMO) (Circle one) Yes

If no, (submit admission application).

Graduation Candidacy Form

- Complete at the beginning of the last semester of your program.
- Submit with **\$30 application fee (One per degree program)** to any Student Services Office.
- Although applications are accepted year-round, March 20 of each academic year is the **final deadline** for application to be listed in the Graduation Ceremony Program.

Name (exactly as you want it printed on your diploma):

(First) (Middle) (Last)

Social Security Number: _____ **or Student ID Number:** _____

Address (where you want your diploma mailed):

(Street/Fire Number/Box)

(City/State/Zip) (E-Mail Address)

Program Name: _____ **Program Number:** _____

Anticipated Graduation Date (month/year): _____

Special Notes:

Practical Nursing students please specify this program by name—do not use ADN or Associate Degree Nursing program name/code.

Nursing Assistant students please provide CRN of your Nursing Assistant course.

(543-300) _____

For more information about the Graduation Ceremony, go to:
www.morainepark.edu/graduation

Ceremony held annually in May.

WHITE - Registrar's Office
YELLOW - Student Copy

7/09-Form\Reg.Office\
Graduation Candidacy 5207.qxp

Staff Use Only

Catalog Year: _____ Graduation Date: _____
Reviewed: _____ Deficient Letter Sent: _____
Honors (3.5-3.74): _____ High Honors (3.75-4.0): _____
PTK: _____ Degree Type (circle one) AS D C
Diploma Mailed: _____
Logged In: _____