

**Saint Joseph College
West Hartford, CT 06117**

**December 20_____
Graduation Application**

All degree applications must be returned to the Degree Auditor in the Registrar's Office

Application submitted after the April deadline must be accompanied by a \$50.00 late fee.

NO EXCEPTIONS

Student Name: _____ **Student ID Number** _____

email address: _____ **Alternate email(non-SJC)** _____

***Address:** _____ **City/Town/Zip:** _____

Home Phone: _____ **Alternate Phone** _____

*The address you provide above will be the where your diploma is mailed
the week following commencement

(Print your full name exactly as it is to appear on your diploma and in commencement program)

CHOOSE THE DEGREE YOU WILL BE EARNING

Master of Arts

- ___ Community Counseling
- ___ School Counseling
- ___ Education
- ___ Special Education
- ___ Early Childhood/ Special Education
- ___ Marriage and Family Therapy
- ___ Human Development/Gerontology

Master of Science

- ___ Biology
- ___ Biology / Chemistry
- ___ Chemistry
- ___ Management
- ___ Nursing
- ___ Nutrition

PLEASE NOTE:

- **There is no December commencement ceremony, this application permits you to participate in the May ceremony**
- Your comprehensive exam / master's thesis must be completed and passed prior to the May commencement ceremony
- Diplomas will be mailed to students the week following the commencement ceremony
- If you have any questions please contact the degree auditor at 860 231-5487

If you have a FERPA restriction on your record, your name and hometown will not appear in the commencement program, on the SJC website, degrees conferred book or in public newspapers. If you wish to release your confidentiality hold to allow your name to appear in the commencement program, on the SJC website, degrees conferred book, and public newspapers please indicate by initialing here_____.

Student Signature

Date

****you must submit payment with the diploma application to the Registrars Office****

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Graduation Processing Fee > \$125.00

Payment Received:Date _____ By _____

Payment Method: Cash _____ / Check (amount) _____ Check Number _____

Credit Card (Online)* _____ Confirmation Number _____

***If you are paying online you must bring a printed confirmation of payment to the registrar's office with this application**