



OFFICE OF THE REGISTRAR  
(718) 518—6771

### GRADUATION REQUEST FORM

DATE STAMP / RECEIVED BY

DATE: \_\_\_\_\_

HAVE YOU APPLIED FOR GRADUATION BEFORE?  YES  NO

EMPLID NUMBER:

NATIONAL ID NUMBER:    -   -

PRINT NAME AS IT APPEARS ON HOSTOS COMMUNITY COLLEGE RECORDS:

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRINT CURRENT MAILING ADDRESS:

\_\_\_\_\_  
STREET APARTMENT NUMBER CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PROSPECTIVE DATE OF GRADUATION:  FEBRUARY 20 \_\_\_\_\_  JUNE 20 \_\_\_\_\_  SEPTEMBER 20 \_\_\_\_\_

DEGREE EXPECTED:  A.A.  A.S.  A.A.S.  CERTIFICATE

ACADEMIC PLAN (MAJOR): \_\_\_\_\_ SUB PLAN: \_\_\_\_\_

PRINT NAME AS YOU WISH IT TO APPEAR ON YOUR DEGREE:

\_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)