Hostos Community College

OFFICE OF THE REGISTRAR
(718) 518—6771

DATE STAMP / RECEIVED BY

# REQUEST FOR GRADUATION

DATE: _____

HAVE YOU APPLIED FOR GRADUATION BEFORE? ☐ YES ☐ NO

STUDENT 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: ☐ JANUARY 20_____ ☐ JUNE 20_____ ☐ SEPTEMBER 20_____

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

CURRICULUM / MAJOR: _____

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

(FIRST) (MIDDLE) (LAST)