



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
202.884.9530 fax: 202.884.9524

Application for Graduation

Semester You Plan to Graduate: Fall 20____ Spring 20____ Summer 20____

Application Deadlines: Fall- October 1; Spring- February 1; Summer- July 1

If any of these deadlines fall on a Sunday or holiday, the deadline will be the next business day.

Name: (F)_____ (M)_____ (L)_____

Note: Please clearly print your name exactly as you would like it to appear on your diploma and be read at the Commencement Ceremony. This name must conform to your official name of record at Trinity. The name for your academic records- the transcript and the diploma- may not be changed after you graduate.

Please also print your name phonetically, as it sounds, to help with the calling of names at the ceremony:

Name: (F)_____ (M)_____ (L)_____

PC ID Number: _____ **Telephone Number:** (____)_____

School: CAS SPS EDU

Degree:
AA BA BS MA MSA MEd MBA MAT

Major(s)/ Graduate field of study: _____

Minor(s)/ Concentration(s): _____

Current Mailing Address: _____

Email Address: _____

IMPORTANT INFORMATION:
If you do not meet the requirements for graduation during the semester for which you have applied, you must submit a new application as appropriate. Please remember to keep your mailing address up to date with our office to ensure that your diploma is mailed to the correct address.

Enrollment Services Approval: _____ **Date:** __/__/____

By signing here, I certify that I have had a discussion with my academic advisor about my plans to complete the graduation requirements during the term I have applied for.

Student Signature: _____ **Date:** __/__/____

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Office Use Only: Date Received: _____ Entered by: _____ Date: _____