



Office of the Registrar
 1201 Locust Avenue (HB 248)
 Fairmont, WV 26554
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APPLICATION FOR GRADUATION

Student Information		
Student Name _____		
Last	First	Middle
Maiden Name(s) _____		
(if applicable)		
Student ID _____		Current Date _____
(R00.....)		
Degree/Certification/Skill Set Information		
Graduation Term: <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> December Year _____		
Type: <input type="checkbox"/> Associate of Arts (AA) <input type="checkbox"/> Associate of Applied Science (AAS)		
<input type="checkbox"/> Certificate of Applied Science (CAS) <input type="checkbox"/> Advanced Skill Set <input type="checkbox"/> Skill Set		
Field of Study (Major) _____		
Concentration _____		Catalog Year _____
(if applicable)		
Diploma Information		
Please mail diploma to: _____		
Address		

City	State	Zip
Graduation Ceremony		
<input type="checkbox"/> I DO plan to walk in the ceremony <input type="checkbox"/> I DO NOT plan to walk in the ceremony <input type="checkbox"/> I'm undecided		
Student Signature		
By signing this form, I agree that I have met the graduation requirements as listed in the appropriate catalog. I understand that if I don't meet the requirements for graduation, I must reapply for the appropriate term. I also understand that participation in the graduation ceremony does not mean that I have graduated.		
Student Signature _____		
Phone Number _____		Date _____
Office of the Registrar		
Completed By (Signature) _____		Date _____