



Mount Ida College Application for Graduation

Office of the Registrar, 777 Dedham Street, Newton, MA 02459
phone: 617-928-4503 ~ fax: 617-928-4728 ~ registrar@mountida.edu

All eligible students are required to submit this form according to the deadlines listed below.
Please see the College Catalog for further information regarding graduation.

January graduation application due September 15
May graduation application due November 2
September graduation application due May 15

Name: _____ **ID #:** _____
Current Address: _____ **Phone #:** _____
City, State, Zip: _____ **Email:** _____

Degree Mailing Address: _____ Associate degree
_____ Bachelor degree
Major: _____

Send degree to current address

Graduation date: _____ *As of the May Commencement ceremony, ...*
 January _____ I will have completed all of my program requirements.
 September _____ I will have the following courses remaining to complete:
 May _____

Please write your full name *exactly* as it should appear on your diploma.

I acknowledge the following:

1. Completion of this application does not guarantee my graduation at this time.
2. If I have one or two courses left to complete my degree, I may participate in the ceremony, but I will not earn my degree. I will re-apply for graduation while I am completing my final courses.
3. My name and degree information will appear in the Commencement Program, regardless of any previous request to restrict my Directory Information. I will contact the Office of the Registrar if I wish to exclude my information from the Commencement Program.
4. If this application is late, I may not receive my diploma at the Commencement ceremony.

Student's Signature: _____ **Date:** _____
Advisor's Signature: _____ **Date:** _____



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