

**DARTON COLLEGE
APPLICATION FOR GRADUATION**

I hereby apply for the _____
(Associate of Arts, Associate of Science, Certificate)
degree. My major field of study is _____

I expect to complete degree requirements by _____
(Semester and Year)

I wish my name to appear on the diploma and commencement program as
follows: _____

I understand that I am responsible for the \$35.00 graduation fee unless I cancel
my application 30 days prior to the date of graduation. I further understand
that the graduation fee is due and payable even if I am not participating in the
graduation exercise and that no diploma will be released without payment of
this fee. Please mail my degree to the following address:

(NOTE: It is the responsibility of the potential graduate to advise the Registrar's Office if this address changes)

Date Signature of Applicant

Cap & Gown Measurements:

Height _____ feet _____ inches Weight _____ Cap Size _____

For Office Use Only

Graduation fee paid on _____

Receipt number _____

Recorded by _____

Degree Mailed:

Date: _____

Initials: _____