Rochester Institute of Technology
Office of the Registrar
585/475-6519

R·I·T

APPLICATION FOR GRADUATION

Directions: Complete a separate copy of this form for **each** degree you expect to receive and return it to the appropriate department **four quarters prior to the completion of your requirements for that degree.** This will enter an anticipated graduation date in your record in the Student Record System. Submission of this form does not qualify you for graduation. You must check with your department to make certain that you have met all academic requirements for a degree.

University ID Number: ___ ___ ___ 0 0 - ___ ___ ___ ___

Name: Print your name as you wish it to appear on your diploma, paying special attention to upper and lower case letters and spacing. **First and last names on diplomas must match your official name as recorded in the Registrar's Office. You may elect to have either your middle name (as recorded), your middle initial, or no initial on your diploma.**

Last:
First:
Middle:
Suffix:

Degree: Check the degree that you expect to receive:

Program Code: 1 0 E D

Are you planning to pursue additional degrees at RIT/NTID? ☐ Yes ☐ No

Graduate	Undergraduate
☐ Ph D	☐ BFA
☐ MBA	☐ BS
☐ ME	☐ AA
☐ MFA	☐ AAS
☐ MS	☐ AOS
☐ MST	☐ AS
☐ Advanced Graduate Certificate	☐ Diploma
	☒ Certificate

E-mail Address _____

Mail diploma to: (if other than the HOME address currently in SIS)

Address HOLD FOR CMS

City, State, Zip _____

Country _____

Graduation Date: Enter the quarter and year that you anticipate completing all graduation requirements for this degree.

☐ FALL (November) ☐ WINTER (February) ☐ SPRING (May) ☐ SUMMER (August) Year: _____

Do you plan to walk in the May Commencement Ceremony? ☐ Yes ☐ No

Hometown Address: Will be used in the Commencement Program only.

_____ City, Town or Village

☐☐ State

_____ Country

Signature: _____ **Date:** _____

Department Stamp

For applications submitted after April 15th of the planned graduation year:

I understand that my name will NOT appear in the Commencement Book.

Signature: _____ Date: _____

Registrar's Office Use Only:

Date Received: _____
Date Processed: _____
Processed By: _____

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