

**HINDS COMMUNITY COLLEGE
GRADUATION APPLICATION**

**All correspondence will be through www.hindscc.edu
and College issued email**

Student ID # OR Social Security Number

Name as it is to appear on diploma: (please print)

First Middle Last

Address: _____
Street Address Telephone Number

City State Zip

Degree(s) for which application is made:

- ____ ASSOCIATE IN ARTS (AA) (course of study leading to a Bachelor's Degree)
- ____ ASSOCIATE IN APPLIED SCIENCE (AAS) (two-year technical and two-year AD Nursing majors)
- ____ TECHNICAL CERTIFICATE (TC) in _____ program
- ____ CAREER CERTIFICATE (VC) in _____ program

Semester and year you plan to graduate:

____ Fall (Dec) ____ Spring (May) ____ Summer (July/August) 20 ____ (Year)

**List previous college, military, CLEP or AP credit to be evaluated
for graduation:** _____

Admissions & Records Office Use: _____ APPROVED _____ Date: _____ Comments: _____ _____ _____

_____ I wish to participate in commencement exercises:

Cap and gown information: Height _____ Weight _____
Campus you wish to pick up cap and gown: _____ (If no location is listed, the cap and gown will be held at the Raymond campus for pick up.)

_____ I do not wish to participate in commencement exercises. I understand my diploma will be mailed following the ceremony.

Signed: _____ **Date:** _____