HILBERTCOLLEGE

APPLICATION FOR DEGREE

Student Records Office, Franciscan Hall, 5200 South Park Ave., Hamburg, NY14075

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION

STUDENT ID #

0	0	0						

ANTICIPATED GRADUATION DATE :

☐ **SPRING** _____ **YEAR** ☐ **SUMMER** _____ **YEAR** ☐ **FALL** _____ **YEAR**

DEGREE:

☐ **ASSOCIATE** ☐ **BACHELOR** ☐ **MASTER**

MAJOR _____

REQUIREMENTS FOR GRADUATION:

1. Completion of all requirements of your degree program.
2. **All academic departmental requirements for graduation must be satisfied in full.** Completion of a minimum of 30 credits in-residence for a bachelor's, and 15 credits in-residence for an associate's.
3. **College and academic departmental GPA requirements must be satisfied.** Consult the catalog for GPA requirements or speak to department chair.

PRINT NAME EXACTLY AS IT SHOULD APPEAR ON DIPLOMA. A name that does not match Hilbert College's records requires documentation that your name was legally changed.

(FIRST) **(MIDDLE)**

(LAST)

☐ **I AM A VETERAN OR CURRENTLY SERVING IN THE ARMED FORCES**

☐ **I PLAN ON WALKING IN THE SPRING COMMENCEMENT CEREMONY**

Although graduation/degree conferral cannot occur until ALL degree requirements are satisfied, there are instances when a non-graduating student may be allowed to WALK in the Commencement ceremony and participate in related activities. Specific regulations and deadline dates apply. Consult the Student Record's office at 716-926-8830 for full details.

By submitting this application, your name will automatically appear in the Commencement Program unless you attach a written request to withhold your name. If you apply after the application deadline date, you are not guaranteed to be included in the Commencement Program.

ADDRESS TO WHICH YOUR DIPLOMA SHOULD BE MAILED (Diplomas will be mailed 4-6 weeks after commencement.)

_____
(STREET ADDRESS) **(CITY)** **(STATE)** **(ZIP)**

_____ _____ _____
(LOCAL/CELL #) **(PERMANENT #)** **(HILBERT EMAIL)**

☐ **I have read this form and understand College policies as stated in this document. This form WILL NOT be processed without student signature and date.**

_____ _____
(SIGNATURE) **(DATE)**

OFFICE USE ONLY:
Received by: _____ **Date received:** _____

Applications may be faxed (716-649-1152), mailed (Student Records Office, 5200 South Park Ave., Hamburg, NY 14075), scanned and emailed (pwilson@hilbert.edu), or delivered to the Student Records Office in Franciscan Hall.