

## **Enrollment & Student Services**

One College Drive Calais, ME 04619

207-454-1034

Instate: 800-210-6932 Fax: 207-454-1092 adonahue@mainecc.edu

## **Application for Graduation**

Review your transcript/advising worksheet with your Academic Advisor and if you are within 6 credits from program completion, submit completed application to Anne Donahue.

Please print your name clearly as it should appear on your diploma

Last Name:	First Name:		M.I.:	
Mailing Address:	City:		State:	Zip:
Phone Number: Cell phone carrier: □ US Cellular □ Verizon	Mobile Phone Num  ☐ AT & T ☐ Tracfone ☐	ber: Other	Text U <sub>I</sub>	odates:YesNo
Student ID #: Pers	onal email address:			
Advisor:				
Program of Study:	Associat	e Degree	Diploma	Certificate
	Associat	te Degree	Diploma	Certificate
Month you plan to graduate (please circle one)	December May	Veteran of	the US Armed For	rcesNo
Do you plan to attend graduation exercises in May	? YesNo			
Will you be returning to WCCC for an additional I	program after graduation?	Yes	No	
If yes, what program(s)?				
Are you planning to continue your education? Yes	s No			
If yes, what College are you transferring to?				
Have you been accepted? YesNo	Are you currently regi	stered for cou	rses? Yes	No
What is your chosen program of study?				
Do not submi To ensure delivery of your official diploma, p	it this form without your Adv lease verify that your correc			raduation is on file.
Student Signature:		Date	·	
Advisor Signature:		Date	2	
For Office Use Only				
Coordinator of Enrollment & Student Services: _			Date	
Courses missing				

**Non-Discrimination Policy:** Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 207-454-1094.