

Carolinas College of Health Sciences

Office of Student Records & Information Management, 1200 Blythe Blvd., Charlotte, NC 28203
Phone (704) 355-6676 Fax (704) 355-9336

2017 APPLICATION FOR GRADUATION

Full Legal Name: (First) (Middle) (Last) (Maiden)

PRINT YOUR NAME BELOW EXACTLY AS IT SHOULD APPEAR ON YOUR DIPLOMA/CERTIFICATE:

(First) (Middle/Maiden) (Last)

Home Phone: Cell Phone:

Permanent Mailing Address: (after graduation): City, State, Zip:

Permanent non-CCHS Email Address (after graduation):

Date of Graduation: May 5, 2017 (Application Deadline: February 10, 2017)
August 4, 2017 (Application Deadline: June 2, 2017)
December 15, 2017 (Application Deadline: September 1, 2017)

Program for which you are seeking graduation:

AAS: General Studies, Nursing, Radiologic Technology, Surgical Technology
Diploma: Surgical Technology
Certificate: Histotechnology, Medical Laboratory Science, Radiation Therapy

ARE YOU A VETERAN? Yes No

I believe that upon completion of classes in which I am currently enrolled, I will have satisfied all of the requirements for graduation in this specified program at Carolinas College of Health Sciences.

Signature of Student:

I plan to attend graduation. Yes NO I anticipate inviting number of guest(s).

--- For CCHS Use Only---

Table with 2 columns: Approval/Notes and Date. Rows include: Applicant has met all academic program requirements, Director, Student Records & Information Management, Applicant has satisfied financial obligations to the school, Dean, Administration & Finance, Applicant is approved for graduation, APG Chair.