APPLICATION TO GRADUATE

BERMUDA COLLEGE

PLEASE PRINT CLEARLY

I, _____ expect to

First   Middle   Last

have completed by **May/December** _____ the requirements for the

(Please Circle)   Year

_____ and hereby apply for graduation from

Programme name

that programme for **May/December** _____.

(Please Circle)   Year

Signature: _____   Date: _____

Student ID#: _____

PLEASE NOTE: If this form is not turned in to the SERR Office your name
will not appear on the Graduation List.

Application Fee: $90.00 (NON-REFUNDABLE)

· **FOR OFFICIAL USE ONLY** ·