



APPLICATION TO GRADUATE

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA
T: 236-9000 ext. 4145 | FAX: 239-4051 | E: serr@college.bm

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**