PINE MANOR COLLEGE
OFFICE OF THE REGISTRAR

400 Heath Street, Chestnut Hill, MA 02467
Telephone (617) 731-7175 FAX (617) 731-7638

APPLICATION TO GRADUATE

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Phone_____

Degree:

- □ BA
- □ AA
- □ AS
- □ Certificate

Major: _____ Minor: _____

When will you complete all of the degree requirements?

May _____ August _____ December _____
Year Year Year

Please print your name exactly as you want it to appear on your diploma:

I ___ will ___ will not attend the commencement ceremony in May.

If not attending, please print the address where the diploma should be sent (if different than above):

_____
_____
_____
_____

Signature: _____ Date _____