

**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 \_\_\_\_\_