

Registrar's Signature:

APPLICATION TO GRADUATE

Registry, 14-18 West Avenue, Constant Spring, Kingston 8 Telephone: (876) 969-8211, 969-8803, 969-1226 Fax (876) 925-9129

Please complete the respective section, obtain your advisor's signature, and return this form to the Registrar's Office, (If you are a double major, please fill out a separate form for each major.) Please type or print.

This application must be filed by November 30 of the year preceding anticipated graduation. Name: ______ Student #: _____ Box#: _____ Phone Number: ____ Cellular Number: ___ Email Address: ____ Denomination: Programme: Tick where applicable BSW 🗆 BAGEN 🗆 BATH \square BED 🗌 JBTE Dip. AA L&M Cert. Cert (ETA/JTS) Major Special track or concentration within your major: Minor (s): Year of admission (e.g. 2006-2007): _____ Date (Year) of anticipated graduation If you change your date of graduation after filing this form, you must notify the registrar's Office in writing. Height _____ Weight ____ Gender: Male \(\Boxed{\text{Female}} \) Name as you want it on you certificate (Please write in capital letters) This will also appear on the graduation programme Middle First Last Milling Address: Your Signature N.B.: All requirements must be met prior to anticipated graduation. E.g. (Academic, Financial, and other communal) Registrar's Office Use According to the official records, this student should or should not graduate by the anticipated date of graduation. Comments:

STUDENTS SHOULD ALSO COMPLETE OTHER SIDE OF THIS FORM

STUDENT – Indicate your planned course schedule (s) for the remainder of your degree program.

Current Schedule For		Term / Semester:			
Dept.	No.	Hours	Title	Instructor	
Tentative Schedule for			Term / Semester:		
Dept.	No	Hours	Title	Instructor	
Tentative Schedule for			Term / Semester:		
Dept.			Title	Instructor	
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	TD 4 11			September 2004	
Total hours				·r · · · · · · · · · · · · · · ·	