

Roxbury Community College Petition to Graduate

Instructions: Please submit this petition to: Roxbury Community College. Advising Center, Room 353, Bldg 3, 1234 Columbus Ave, Roxbury, MA 02120

You will receive a confirmation letter upon review of your records. Please make sure that your address is updated in the system so that you will receive any urgent graduation information.

Expected graduation Date: _____ ID Number: _____

Name (As you would like it to appear on your Diploma):

Address: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____
(Cell): _____ Email (Home): _____

Major: _____ **AA/AS (circle one)** **Degree/Certificate (circle one)**
Major (2): _____ **AA/AS (circle one)** **Degree/Certificate (circle one)**

Expected semester to complete course work: ___ Fall ___ Spring ___ Summer 20___

List the course(s) you need to take during the summer: _____

Are you using transfer credits to fulfill graduation requirements? Yes ___ No ___ (If "Yes" please check your transcript to make sure that your credits has been recorded. If they have not been transferred in please check with the Registrar's Office immediately.)

For Office Use Only

Pre-Clearance (**Advising Center**): Student meets requirement(s) for Graduation:
___ Yes ___ No If No, student is missing:

Please attach the degree audit with this form and submit the petition to the Registrar's Office.

Reviewed by (print name): _____ Date: _____

Division Chair/Vice President: _____ Date: _____

Final Clearance (**Registrar's Office**): Student meets requirement(s) for Graduation:
___ Yes ___ No If No, student is missing:

Processed by (print name): _____ Date: _____

Confirmation mailed to student on: _____

Gold – Advisor

Pink – Student

Yellow – Division Chair

White – Registrar's Office