



**LINCOLN  
COLLEGE**  
*of New England*

**APPLICATION TO GRADUATE**

PRINT your full name exactly as it is to appear on your degree:

\_\_\_\_\_  
(First) (Middle) (Last)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Major: \_\_\_\_\_

Semester Completion:	Status:	Degree: (check one)
Fall _____	Full-time _____	Bachelor of Science _____
Spring _____	Part-time _____	Associate of Science _____
Summer _____		Associate of Applied Science _____
		Associate of Arts _____
		Certificate _____

Cap & Gown Information:  
Height \_\_\_\_\_ Weight \_\_\_\_\_ (for proper fitting)

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Any candidate failing to meet all graduation requirements MUST SUBMIT PROOF that requirements have been satisfied to reactivate application for graduation.

\_\_\_\_\_  
For office use only:

\_\_\_\_\_ Disapproved (must fulfill the following requirements):  
\_\_\_\_\_  
Date Satisfied \_\_\_\_\_  
\_\_\_\_\_  
Date Satisfied \_\_\_\_\_

\*\*\*\*\*

**GRADUATION AUTHORIZATION**

\_\_\_\_\_ Approved

\_\_\_\_\_  
Registrar Date