



UNIVERSITY COLLEGE OF THE CARIBBEAN APPLICATION TO GRADUATE

INSTRUCTION: This form must be completed and submitted to, as appropriate, the **Academic Centre/ Programme Coordinator /Registry** before the announced deadline. Names will be printed as they appear on your initial application unless you present official documentation supporting a name change or you indicate specifically below the style you desire.

PERSONAL INFORMATION:

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

ID#: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

DEGREE INFORMATION:

Please select the degree you are applying to receive at Commencement:

CEMBA ☐ CEMPA ☐ MBA ☐ BSc ☐ ASc ☐ Dip ☐ **OTHER:** _____

Indicate discipline/programme area: _____

Please print clearly your legal name and the style as you would have it appear on the degree/diploma/certificate. (**STYLE, e.g. John Anthony Paul Smith or John A. P. Smith**)

PARTICIPATION IN GRADUATION:

If for any reason you do not qualify to graduate at the scheduled graduation exercise, you will be required to complete another **APPLICATION TO GRADUATE** form for participation in a subsequent ceremony.

Please sign in confirmation of the above application: