

## Records and Registration



## Application for Graduation

Brainerd Campus  
501 West College Drive  
Brainerd, MN 56401-3900  
1-800-933-0346 or  
218-855-8031  
Fax: 218-855-8252

Staples Campus  
1830 Airport Road  
Staples, MN 56479-3252  
1-800-247-6836 or  
218-894-5100  
Fax: 218-855-8252

*Review your Interactive Degree Audit Report (DARS) in E-Services and see a CLC Advisor to ensure you are ready to Apply to Graduate.  
([askclc@clcmn.edu](mailto:askclc@clcmn.edu), 218-855-8031)*

Apply to graduate after you are registered for your final term.

Brainerd Campus       Staples Campus

Semester coursework will be completed:     December     May     July    Year: \_\_\_\_\_

Please clearly print your name as you wish it to appear on your diploma.  
Please DO NOT use nicknames or change the spelling of your legal name.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

SSN or Tech ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please mail my diploma to the following address: (Diplomas will be mailed approximately 6 weeks after the end of the semester.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I am applying to graduate for the following degrees:

- Associate in Arts (AA)       Associate in Applied Science (AAS)       Associate in Science (AS)  
 Diploma     Certificate     MN Transfer Curriculum (MnTC)

Major(s): \_\_\_\_\_

Yes     No      I am transferring credits/courses from another institution.

Yes     No      I plan to attend the commencement ceremony held in May.  
For further information: <http://www.clcmn.edu/registration/graduation.html>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_