Central Lakes College
A COMMUNITY & TECHNICAL COLLEGE

Application for Graduation

Brainerd Campus
Records and Registration
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8031
FAX: 218-855-8230

Staples Campus
Records and Registration
1830 Airport Road
Staples, MN 56479-0099
1-800-247-6836 or
218-894-5126
FAX: 218-894-5185

_____ Brainerd campus _____ Staples campus

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.

Name _____
First Middle Last

Student Tech ID: _____

Semester graduating: _____ Year: _____ Today's date: _____

I hereby apply for the following:

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

Name of program or major (if applicable): _____

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

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Name of newspaper for news release: _____

Address of newspaper: _____

____ I plan to attend the graduation ceremony which will be held at the end of spring semester.

____ I do not plan to attend.

Signature: _____

Comments: _____

_____

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