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

Application for Graduation Fee: A $20.00 fee is charged for each application for graduation submitted on the student's behalf. Please note that if a student is applying to graduate with multiple degrees, the student need only complete **one** application to graduate and pay the graduation application fee only once. A check or money order (please do not mail cash) made payable to Central Lakes College OR credit card (provide information below) must accompany this form and be returned to the above address prior to graduation application review.

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Please 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: _____ Preferred telephone number: _____

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

I hereby apply to graduate for the following degrees:

_____ 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):_____

Please 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: _____

____ I plan to attend the graduation ceremony which will be held at the end of spring semester. **____ I do not plan to attend**.

Student Signature:_____

Method of Payment: Circle One

Cash Check Money Order Credit Card

Card #: _____

Please circle one: VISA MC

Exp Date: _____ CVV Code: _____
3 digit code on back of card

Name on card: _____

For office use only

Fee Paid Date: _____ Transaction #: _____101505-9199

Cashier Signature: _____

Registration signature: _____Date: _____

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529."