

NHTI – Concord’s Community College

REGISTRAR’S OFFICE — nhtiregistrar@ccsnh.edu

31 College Drive, Concord, NH 03301 P: (603)230-4014 F: (603)230-9314

Petition to Graduate Form

A Petition to Graduate Form must be completed and returned to the Registrar’s Office according to the schedule below. I understand that my graduating is contingent upon having met all academic requirements of my program and of the college. I will not receive my degree until my student account is paid in full including all fees owed to the College.

Graduating students must earn a minimum cumulative grade point average (CGPA) of 2.0.

Student ID: _____ Major: _____

Print your name below **CLEARLY** and **EXACTLY** as you wish it to appear on your award:

Full Name as you wish it to appear on your diploma

Mailing Address: _____

Street City State Zip

Contact Information: _____

Home Phone Cell Phone Personal Email

Please check the semester you anticipate completion of degree requirements.

<p><u>Anticipated Graduation Date:</u></p> <p>___ Fall (degree awarded in December)</p> <p>___ Spring (degree awarded in May)</p> <p>___ Summer (degree awarded in August)</p>	<p><u>Submit Petition to Graduate Form on or before:</u></p> <p>October 30</p> <p>November 30</p> <p>April 30</p>
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I wish to participate in Commencement Exercises..... Yes No

I am a Phi Theta Kappa member..... Yes No

I am an honorably discharged, active or reserve military personnel and I would like to receive an Honor Cord of Distinction to wear during Commencement..... Yes No

If you have taken or are taking a class(es) at another college and haven’t transferred the credits to NHTI, list the class(es) below. You must have an official transcript sent to NHTI. Failure to do so may delay your graduation to a future semester.

1) _____ 2) _____ 3) _____

Return this completed form to the Registrar’s Office by the dates indicated above.

All student responsibilities and financial obligations to the college must be satisfied prior to the issuance of degrees.

Student _____ Date _____

For Office Use Only

Student Type (S) Grad Date SHADEGR PTKCMNT SHADIPL SPACMNT File Scanned Petition Scanned Rev. 3-8-19

Final Review _____ RF’d _____ Jostens _____