

# GRADUATION CARD

**PLEASE COMPLETE THIS CARD AND TURN IT IN WHEN YOU PICK UP YOUR GRADUATION GOWN. THIS MUST BE RETURNED IN ORDER TO RECEIVE GRADUATION TICKETS. PLEASE PRINT CLEARLY.**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME, MI

\_\_\_\_\_  
PERMANENT ADDRESS STREET, APT. #

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS YOU USE

\_\_\_\_\_  
MM/ DD/ YYYY  
GRADUATION DATE

**DEGREE AWARDED:**

- Certificate     Associate     Bachelor's     Master's

**Please indicate your immediate plans after graduation.**

- Attend Graduate School (MA, MS, MPA, PhD)     Attend Medical School (MD)  
 Attend Business School (MBA)     Pursue Certificate/Undergraduate Degree  
 Attend Law School (JD)     Pursue professional training/academic fellowship

If continuing your education or training, please indicate school of attendance or program:

\_\_\_\_\_

- Work     Full time     Part time

Position or Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_

- May we use your name for publicity purposes?     Yes     No