

FRAMINGHAM STATE COLLEGE  
OFFICE OF THE REGISTRAR  
Dwight Hall, Room 220  
100 State Street  
PO Box 9101  
Framingham, MA 01701-9101  
508.626.4545

## NOTICE OF CANDIDACY FOR GRADUATION

### BACCALAUREATE DEGREE

**PRINT** your name **EXACTLY** as it appears on your College Records (*legal name only – no nicknames allowed*):

First Name	Middle Name or Initial	Last Name	(____)_____ Daytime Phone Number
FSC ID#: _____			SS#: _____ --- ---

- Please check one:**  
 Day Division Student  
 Continuing Ed. Division Student  
 External Degree Student (Liberal Studies only)

**Indicate Major Concentration Code(s):** Major1 \_\_\_\_\_ Major2 \_\_\_\_\_ Refer to Major/Minor List for correct 3-letter code.

**Indicate Minor Code(s):** Minor1 \_\_\_\_\_ Minor2 \_\_\_\_\_ Minor3 \_\_\_\_\_

<b>Proposed date of graduation</b> (degree requirements completed):	<b>Degree to be attained (Check one):</b>
<input type="checkbox"/> December	<input type="checkbox"/> Bachelor of Arts
<input type="checkbox"/> January	<input type="checkbox"/> Bachelor of Science
<input type="checkbox"/> May	
<input type="checkbox"/> August	
Year: _____	

- Please check one:**  
 I **DO** plan to attend the May Commencement (Graduation) Ceremony (must attend mandatory rehearsal).  
 I **DO NOT** plan to attend graduation.

Are you planning to take courses in Continuing Education, OR at another institution, to complete your degree requirements?  
 No  
 Yes If yes, where? \_\_\_\_\_ The number of courses: \_\_\_\_\_  
When? \_\_\_\_\_ You must file a Course Approval Form for each course taken at another institution **prior** to the start of the course.

**PLEASE NOTE:** Information releases made available to the press which list the hometown of graduates is generated from the **HOME** (permanent) address on file in the Registrar's Office at the time of graduation. Please be sure it is correct.

The information that I have provided on this form is true to the best of my knowledge. I understand that if I change plans and will not graduate as specified on this form, I will notify the Office of the Registrar in writing as soon as possible. I also understand that I must re-submit by the posted deadline for a later graduation date in order to obtain a degree if this notice becomes void.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Date Processed on database: \_\_\_\_\_ Initials: \_\_\_\_\_  
Senior Audit Log Updated: \_\_\_\_\_ Initials: \_\_\_\_\_