

Application to Graduate

Claremont McKenna College

Office of the Registrar

Student Name: _____ ID: _____

CMC Story House Box: _____

Our records indicate that you plan to graduate within two semesters. **Please complete and return this application to graduate to the Registrar's office Monday, January 30th.** If any information is incorrect please write in the appropriate changes. This information will help us with the Commencement program. If you have any questions, please contact the Registrar's Office at 909-621-8101 or registrar@cmc.edu.

Full Name: _____

Home town: _____

State: _____

Country: _____

Check if applying
for honors

Major: _____

Dual Major: _____

Double Major: _____

Sequence: _____

Anticipated Graduation Month: _____ Year: _____

Will you walk in commencement exercises in May? _____

If graduating in September* or December*, where should we mail your diploma?

**Note: there is no commencement ceremony in Sept or Dec; those graduates may participate in the ceremony the following May*

Phone number to call if there are any questions: _____

"I consent and grant the right for CMC to use my image (to include photographs, video, and live web-streaming) obtained during Claremont McKenna College commencement ceremonies and related events. I waive all rights to inspect or approve the finished images or to the eventual use of the images."

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