

**TOUGALOO COLLEGE  
OFFICE OF RECORDS  
APPLICATION FOR DEGREE**

Today's date \_\_\_\_\_  
ID# \_\_\_\_\_

Local phone #(\_\_\_\_) \_\_\_\_\_  
Permanent Phone #(\_\_\_\_) \_\_\_\_\_

Please complete and return to the Office of Records or mail to Tougaloo College, Office of Records, 500 West County Line Road, Tougaloo, MS 39174.

(Check One)

\_\_\_\_\_ DEGREE ORDER \_\_\_\_\_ DUPLICATE COPY OF DEGREE (SEE BELOW)

**NOTE: IF YOU DO NOT GRADUATE ON THE ANTICIPATED DATE THAT IS LISTED BELOW THIS APPLICATION WILL BECOME NULL AND VOID. YOU MUST RE-APPLY FOR A NEW ANTICIPATED DATE. ALL GRADUATION FEES ARE NON REFUNDABLE.**

*I consider myself a qualified candidate for graduation at the time indicated below and upon completion of my remaining requirements.*

**Signature (Mandatory)**

**Anticipated Date of Graduation:**

(Circle one of the following)      SUMMER      DECEMBER      MAY

Graduation Year \_\_\_\_\_

*I am applying for the following degree (s)*

ASSOCIATE OF ARTS DEGREE \_\_\_\_\_ Major \_\_\_\_\_

BACHELOR OF ARTS DEGREE \_\_\_\_\_ Major \_\_\_\_\_

BACHELOR OF SCIENCE DEGREE \_\_\_\_\_ Major \_\_\_\_\_

My home town \_\_\_\_\_ city \_\_\_\_\_ state

My name should appear on my diploma as follows: (Please Print)

***If you do not pick up your diploma on the day of graduation, the Office of Records will mail it certified mail (at no additional cost to you) to the address listed below if you have met your financial obligation with the College.***

**Please check where applicable and complete the required information:**

\_\_\_\_\_ ***I plan to participate in the Graduation Ceremony. Complete REGALIA ORDER (cap and gown)***

Check one \_\_\_\_\_ Female \_\_\_\_\_ Male

Height \_\_\_\_\_ Cap Size \_\_\_\_\_ (S, M, L, XL)

\_\_\_\_\_ ***I do not plan to participate in the Graduation Ceremony. Please mail my diploma to the address listed below:***

\_\_\_\_\_ ***I am ordering a duplicate copy of my diploma to be mailed to the address below. My original Graduation Date \_\_\_\_\_***

Major \_\_\_\_\_ BA or BS (circle one).

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_