



H. LAVITY STOUTT COMMUNITY COLLEGE GRADUATION APPLICATION FORM

Registrar & Enrolment Management Office
P. O. Box 3097, Road Town, Tortola, British Virgin Islands
Tel: 1 (284) 494 4994 Fax: 1 (284) 852 7249

INSTRUCTIONS: a) Complete form b) Pay at Fiscal Services Department c) Return form to the Registrar's Office.

1. Please PRINT your name as it appears on your HLSCC student records; *(If you wish to modify your name, official documentation such as passport, marriage certificate, birth paper, etc. should be submitted to the Registrar's Office along with this form).*

Last Name																				
First Name																				
Middle Name																				

2. Contact information:

Current Mailing Address	Permanent Mailing Address
_____	_____
_____	_____
_____	_____

Home Telephone Number: _____ Work Telephone Number : _____
Cellular Phone Number _____ E-Mail Address: _____

Graduation application must be accompanied by appropriate degree audit. Failure to do so will result in return of application.

3. Degree(s)/Certificate(s) Applying for:
- Associate Degree (1) in _____ Concentration _____
- Associate Degree (2) in _____ Concentration _____
- Certificate of Achievement in _____

4. I am applying for graduation in June _____
5. I will be attending the graduation ceremony. YES NO

6. *Student's Signature* *ID Number* *Date*

GRADUATION SERVICES AND FEES

Degree/Certificate Number of Degrees Number of Certificates \$50.00 each + 25 accessories
Academic Regalia \$40.00

Total Due (Note: All fees are non – refundable)

FOR HLSCC OFFICE USE ONLY

Amount Paid \$ _____ Receipt # _____ Initials _____