

CARIBBEAN COLLEGE OF THE BIBLE INTERNATIONAL

APPLICATION FOR GRADUATION FORM

DATE _____

This form should be completed and mailed to the Trinidad International Office no later than five months before either the graduation date for that year or the date that the candidate plans to complete the degree that he/she expects to receive.

PLEASE PRINT OR TYPE.

1. Student's name as it is to appear on the degree.

2. The title of your academic major as it is to appear on the degree.

3. The date you expect to complete all required coursework: _____

4. Student's address.

Student No: _____

Phone No: _____

E-mail: _____

_____ I will attend the next formal Graduation Ceremony.

_____ I will not attend Graduation Ceremony. Please mail my degree as soon as I complete all academic requirements and clear all fees.

Signature _____