

ALICE LLOYD COLLEGE

Application for Degree

ID#: _____

Name: _____
First Middle Last Maiden

Preferred Name: _____

List name the way you want it typed on your diploma (Please Print):

Type of Degree: Bachelor of Arts: _____ Bachelor of Science: _____

Date you expect to graduate: December: May: Year: _____

Major: _____ Minor: _____

Address: _____

Email (other than ALC): _____

Phone Number: (____) _____ Cell: (____) _____

Other than your parents/guardians or spouse, list two people who will always know how to contact you:

Name: _____ Name: _____

Telephone: (____) _____ Telephone: (____) _____

Email: _____ Email: _____

City & State: _____ City & State: _____

Relationship to You: _____ Relationship to You: _____

Did either of your parents receive a bachelor (4-year college) degree? Yes No

Spouse name (if applicable): _____

Is spouse an ALC alum? Yes No If yes, spouse class year: _____

List activities/organizations/athletics you participated in while at ALC:

What are your plans after graduating from ALC?

Attend Graduate/Professional School _____ / _____
School you will attend Degree you will pursue

Seek/Begin Employment Other _____

PLEASE ATTACH A \$35 GRADUATION FEE AND RETURN TO THE REGISTRAR'S OFFICE.

Student Signature

Date