

Directions | Complete this application and submit it to the Registrar's Office (BCRegistrar@bluefield.edu) or at BC Central in Lansdell Hall.

Name:		Student ID:	
Mailing Address: (For diploma after gradu	ation)		
Anticipated Gradu	ation (Month/Year):		
Will you attend graduation?		☐ Yes	□No
List your hometow appear in the com (print clearly—city	nencement program:		
Your name as you diploma (print clea	want it to appear on the arly):		
Expected Degree: (select one)	 □ Certificate □ Associates □ Bachelor of Arts □ Bachelor of Science □ Bachelor of Science i 	n Nursin	☐ Master of Arts ☐ Master of Business Administration ☐ Master of Science in Nursing ☐ Master of Arts in Biological Sciences g
Expected Major/Minor:			
Select One:	 □ I believe all my graduation requirements will be met by graduation. □ I believe all my graduation requirements have already been met. □ I believe I will be within six credits of graduation by the ceremony. 		
Gown Size			
Circle your size (and circle P size if approp	oriate)	
4'9" - 4'11"	Over 175 po		
5'0" - 5'2"	Over 175 po		
5'3" - 5'5"	Over 205 po		
5'6" - 5'8"	Over 235 po		
5'9" - 5'11"	Over 265 po		
6'0" - 6'2"	Over 305 po		of ='o ='= and array on = narray and an air = ='(
6'3" - 6'5"	Over 325 po		5'9 and under one) Cong are one size fits all
6'6" - 6'8"	Over 360 po	unds P	3
Student Signature	: :		Date: