STUDENT SERVICES

6004 S. County Rd. G., PO Box 5009, Janesville, WI 53547 ● (608) 757-7660 ● fax (608) 743-4407 ● registration@blackhawk.edu

APPLICATION FOR GRADUATION

_____

Last Name First Middle Initial Student ID Number

_____

Mailing Address City State Zip Code

Program Completing _____ Expected Graduation Date: _____

Ethnic Group: □ American Indian or Alaskan Native □ Hispanic □ Black, not of Hispanic Origin

□ Asian □ Native Hawaiian or Other Pacific Islander □ White, not of Hispanic Origin

_____

Parent or Close Relative's Name Phone Number

_____

Street Address City State Zip Code

□ **I will be** walking in the *May Commencement* □ **I will not** be walking in the *May Commencement*

□ **I would like** the above graduation information to be sent to my local newspaper (determined by address).

□ **I would not** like my graduation information sent to the newspaper.