

**TAFT COLLEGE  
CANDIDACY FOR GRADUATION**

Spring    Fall    Summer   20\_\_\_\_   Name \_\_\_\_\_  
(Print clearly or type name exactly as you wish it to appear on your diploma.)

Advisor/Counselor \_\_\_\_\_

I am applying for the:    Associate in Arts Degree    Associate in Science Degree

Previous Last Name \_\_\_\_\_ Major \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_  Male    Female

Permanent Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
(For purpose of mailing diploma)   No. and Street   City   State   Zip

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address While Attending College \_\_\_\_\_  
No. and Street   City   State   Zip

Other Colleges Attended?    Yes    No   If yes, please list: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_