

BUCKS COUNTY COMMUNITY COLLEGE

Office of Records

Application for Diploma or Certificate

PRINT NAME EXACTLY AS YOU WANT IT TO APPEAR ON DOCUMENT

Please check all that apply:

Diploma_____ **\$10.00 (AA and AAS Programs)**

Certificate_____ **\$5.00 (CER. Programs)**

DO NOT SEND PAYMENT WITH THIS FORM. CHECK YOUR ACCOUNT ON WEBADVISOR WITHIN A WEEK, AND THEN MAKE PAYMENT THROUGH WEBADVISOR OR DIRECTLY TO STUDENT ACCOUNTS.

First Name **Middle Name or Initial** **Last Name**

Print name as it appears on your Bucks Record: _____

Major: _____

When will you/did you complete Graduation Requirements?

Fall_____ **Intersession**_____ **Spring**_____ **Summer**_____ **Year** _____

Mailing Address: _____

Number **Street** **City** **State** **Zip Code**

Telephone Number: _____

Bucks I.D. Number **Student's Signature** **Received By:**_____ **Date:**_____

Bucks I.D. Number **Student's Signature**

BY MY SIGNATURE, I CONFIRM THAT I HAVE RECEIVED MY DIPLOMA OR CERTIFICATE.

Student's Signature **Date**