



Diploma/Certificate Application Bucks County Community College

Registration and Records Office: 275 Swamp Road, Newtown, PA 18940
Phone: 215-968-8100 Fax: 215-968-8110 Email: registrar@bucks.edu

Please check (v) the appropriate document type:

Diploma (*\$10) _____ (AA, AAS, AS, AM, AFA & POS) **Certificate (*\$5)** _____ (CER programs)

*Do not send payment with this form. Check your account on Bucks Self Service, or contact Student Accounts, within two weeks to make payment.

PRINT NAME EXACTLY AS YOU WANT IT TO APPEAR ON DOCUMENT

First: _____ **Middle or Initial:** _____ **Last:** _____

Please complete all fields:

Name on your Bucks Record: (Last, First, M.I.) _____

Bucks Student ID Number: _____

Mailing Address: _____

Phone: _____

When will/did you complete Graduation Requirements?

Year: _____ **Session (please v):** Fall ____ Spring ____ Intersession ____ Summer ____

Major: _____

Student Signature _____ **Date** _____

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For College Use Only:

Received By: _____ Date: _____

At time of pick-up, student should carefully read the statement below and sign/date where indicated to confirm receipt.

By signing below I, _____, acknowledge receipt of my diploma/certificate. (Print Name)

Student Signature _____ **Date** _____