

Jefferson Community College  
Office of the Registrar  
1220 Coffeen Street  
Watertown, NY 13601  
Phone: 315-786-2308 Fax: 315-786-2349

## Application for Degree/Certificate

### Please Note

Please be sure to include your current address so that your diploma is mailed to your correct address.

**Name:** (Please Print) \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Mailing Address:** (Please enter address and telephone)

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I hereby certify that I expect to complete the requirements for the:**

Expected Degree Program: \_\_\_\_\_ Verified by \_\_\_\_\_  
(office use only)

Expected Date of Graduation: \_\_\_\_\_ Verified by \_\_\_\_\_  
(office use only)

**PLEASE sign and date:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_