OFFICE OF THE REGISTRAR - CORCORAN COLLEGE OF ART + DESIGN 500 Seventeenth St., NW – Washington, DC 20006 Fax (202) 639-1821 – Phone (202) 639-1820 registrar@corcoran.org

Office Use Only		

## **APPLICATION FOR DEGREE**

Student Information					
			Last Name		
Date of Birth/_			na:		
Address			LOCAL		
PERM City	State:	 7in	LUCAL	State:	
Phone	State: Cell:	ZiP	Phone	State: Cell:	ZiP
Email			Email		@corcoran.edu
Academic Information	n Indicate the y	ear and term in	n which you anticipate co		
Year:	[ ] Spring (Ma	y commenceme	ent date) [ ] Summer	(Aug 15) [ ] Fall (Jan	15)
*** Application for De	egree fees are valid	I for three sem	If so, when? (year _ esters (eg. if submitted for hin three semesters, the	or Spring, then good for	Spring, Summer
Academic Information	<b>n</b> DEGREE/Major:				
	ons must have beer		phomore or Junior year a		ition to work
2.00 (3.00 for masters during their final seme	s students) and mu ester. Graduate an	st be actively e d undergradua	ete all academic requirer nrolled at the Corcoran i te students with six cred nd the Dean for permission	n good academic and fi its of less needed to ful	nancial standing fill their degree
undergraduate, \$195	nis form to the Offi for graduate stude	nts, which inclu	trar you will be charged a udes thesis publishing; or erwise, the fee will be ad	\$45 for re-application	. You have the
	./ /money order pay	able to the Cor	you do not submit payn coran College of Art + De	•	S
Card #			Expira	tion date	
			Cardholder's S		
Cardholder's Address	(if different from a	bove)			
Required Signatures					
I have read the staten fulfill my academic rea	quirements, and ha	ave cleared my	n order to receive my dip obligations to the Office BFA students must also h	of Student Accounts, F	inancial Aid, and
Student Signature				Date/	<i>J</i>
Office Use Only:					