



APPLICATION FOR GRADUATION

PLEASE PRINT YOUR NAME CLEARLY AND EXACTLY THE WAY YOU WOULD LIKE IT SPELLED ON YOUR DIPLOMA

Last Name First Middle Initial Student ID Number

Mailing Address City State Zip Code

Program Completing _____ Expected Graduation Date: _____

Ethnic Group: American Indian or Alaskan Native Hispanic Black, not of Hispanic Origin
 Asian Native Hawaiian or Other Pacific Islander White, not of Hispanic Origin

Parent or close relative's name Phone Number

Street Address City State Zip Code

I **would like** the above graduation information to be sent to my hometown newspaper(s).

My hometown newspaper(s) are: _____

I **would not** like my graduation information sent to the newspaper.

MasterCard _____ Visa _____ Amount \$12.00 Credit Card Number _____

Include 3 Digit Code in Signature Block _____

Expiration Date _____ Signature _____

You can mail this to: Blackhawk Technical College
Registration Office
PO Box 5009
Janesville, WI 53547-5009

Fax: 608/ 743-4407