

Application for Degree/Certificate

Jefferson Community College
Student Records Office
1220 Coffeen Street
Watertown, NY 13601
Phone: 315-786-2308
Fax: 315-786-2349

Please Note

Enter your ***current*** address or the address to which your diploma should be mailed.

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 and graduate:

Degree Program: _____

Verified by _____
(Office use only)

Date of Graduation: _____

Verified by _____
(Office use only)

Please Sign and Date:

Signature: _____

Date: _____