*** 2019 GRADUATION INTENT FORM***

The following information is needed by **JUNE 1st, 2019** for all who plan to graduate and/or attend the banquet this year. No further pertinent information on graduation or the banquet will be sent unless we first receive this form. All graduating students must attend both the banquet and the commencement ceremony.

**GRADUATES - PLEASE CHECK ONE**

[ ] I do plan to graduate and will be in attendance on July 25th and 26th , 2019.

[ ] I do plan to graduate, but will be unable to attend exercises. (A request to

graduate in absentia must be sent as well as your graduation fee.)

**GRADUATES WHO PLAN TO ATTEND MUST FILL IN INFORMATION BELOW:**

Cap/Head size (in inches to nearest quarter inch): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diploma style: Contemporary \_\_\_ Traditional \_\_\_

I expect to receive the following degree(s):

I want my name printed on my diploma as follows: (PLEASE PRINT BELOW)

**GRADUATION FEES: PLEASE CHECK APPROPRIATE ONE(S):**

[ ] Christian Counseling Certificate - $200.00 [ ] Bible Institute Program - $200.00

[ ] Associate Degree - $225.00 [ ] Bachelor Degree - $225.00

[ ] Master Degree - $250.00 [ ] Doctor Degree - $300.00

[ ] Thesis Binding - $100.00 (required)

***For those graduates receiving two or more degrees:***

Pay the cost of the higher degree plus one-half of lower degree(s). **Whether attending or not,** a mandatory graduation fee is assessed at time of graduation. **ALL** graduating students are expected to attend the annual graduation exercises unless providentially hindered in which case a Request to Graduate in Absentia must be sent to the Board of Trustees along with the graduation fees.

***I am enclosing $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ for graduation fees***. [ ] Check [ ] Money Order

I would like to pay for my graduation fees by credit card:

 Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (3 digit code on back of card - last 3 numbers)

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

***GRADUATES ATTENDING the Alumni Banquet & Awards Ceremony***

[ ] I plan to attend the Alumni Banquet and Awards Ceremony July 25th.

 Including yourself, please give number in party \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Alumni Banquet & Award Ceremony tickets are $35.00 per guest. The graduates do not pay for the banquet as your costs are included in your graduation fees (above). All guests must be paid for with this form and accounted for above in your total party. Please make payment for your guest(s) below.

[ ] Please list special diet needs on separate sheet and check here.

***ALUMNI ATTENDING the Alumni Banquet & Awards Ceremony***

If you are alumni and you desire to attend the Alumni Banquet & Awards Ceremony please complete the following information and make payment below. The Alumni Banquet & Awards Ceremony tickets are $35.00 per guest.

[ ] I plan to attend the Alumni Banquet and Awards Ceremony July 25th.

 Including yourself, please give number in party \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] Please list special diet needs on separate sheet and check here.

***\*\*\*PAYMENT FOR THE ALUMNI BANQUET & AWARDS CEREMONY\*\*\****

***I am enclosing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for Banquet***. [ ] Check [ ] Money Order

I would like to pay for my guest fees for the Banquet by credit card:

 Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (3 digit code on back of card - last 3 numbers)

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

***GRADUATES AND ALUMNI: please print the following information:***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\*\**Please print all the names of the guests you will bring to the Alumni Banquet & Awards Ceremony on a separate sheet of paper and return with this form.*\*\*\*\*\****

**RETURN TO:** Graduation 2019

 Covington Seminary

 P.O. Box 176

 Rossville, GA 30741