



2020 GRADUATION INTENT FORM

The following information is needed by **JUNE 1st, 2020** for all who plan to graduate this year. No further pertinent information on graduation will be sent unless we first receive this form. All graduating students must attend the commencement ceremony.

GRADUATES - PLEASE CHECK ONE

- ☐ I do plan to graduate and will be in attendance on August 28th, 2020.
- ☐ 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: _____

ALL GRADUATES MUST FILL IN INFORMATION BELOW:

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):

- | | |
|--|---|
| <input type="checkbox"/> Christian Counseling Certificate - \$200.00 | <input type="checkbox"/> Bible Institute Program - \$220.00 |
| <input type="checkbox"/> Associate Degree - \$250.00 | <input type="checkbox"/> Bachelor Degree - \$250.00 |
| <input type="checkbox"/> Master Degree - \$300.00 | <input type="checkbox"/> Doctor Degree - \$350.00 |
| <input type="checkbox"/> Thesis Binding - \$100.00 (required per copy) | |

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 (please feel free to call):

Credit Card Number: _____

Expiration Date _____ Security Code _____
(3 digit code on back of card - last 3 numbers)

Signature: _____

GRADUATES: please print the following information:

Name _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____ Cell _____ Email _____

RETURN TO: Graduation 2020
Covington Seminary
P.O. Box 176
Rossville, GA 30741