RICHARD BLAND COLLEGE - NOTICE OF CANDIDACY FOR DEGREE-(AA/AS)

Mail to: Registrar’s Office, Richard Bland College, 8311 Halifax Road, Petersburg, VA 23805
FAX: 804-862-6189 Questions: 804-862-6100, Ext 6238

PRINT CLEARLY BELOW TO ENSURE CORRECT PROCESSING OF THIS APPLICATION

Name: __________________________ Day/Cell Phone: __________________________
Street Address: ________________________________________________ Evening Phone: __________________________
City/State/Zip: ________________________________________________ Email: __________________________

Associate Degree Desired (Check One)
Arts _____ Science _____

I expect to complete degree requirements:
(Select a term by completing the year.)
Spring (degree posted in May) .............. 20____
Fall (degree posted in December) ........... 20____
Summer (degree posted in August) ........... 20____
(Summer includes Intersession)

ALL GRADUATES
Commencement is held in May only (second Saturday) for all graduates who complete degree requirements the previous Fall (December), the current Spring (May), and those who expect to complete degree requirements during the upcoming Summer (August). Students who will attend Summer Intersession (in May) to complete their degree requirements should check the Summer category.

SUMMER GRADUATES only
If you choose NOT to participate in Commencement in May, you may apply for graduation as late as July 15. Summer (August) candidates must have a cumulative GPA of at least 2.00 to participate in Commencement.

Print your name as you wish it to appear on the diploma and commencement program. – Nicknames are not acceptable.

Print your city and state as you wish them to appear on the commencement program.

NOTE: Commencement is held only in May (second Saturday) for past December, present May, and upcoming August graduates.
Are you planning to participate in Commencement in May? _______Yes* _______No**
*If you select “Yes”, please let the Registrar’s Office know if you will need special accommodations for the ceremony such as a wheelchair ramp.
**If you select “No”, the Registrar’s Office will mail your diploma to the address on this form. Caps and gowns are not provided to non-participants.

Student’s Signature: __________________________
Student ID (R#) __________________________
Today’s Date: __________________________

OFFICE USE ONLY
Approved _____ G.P.A. _______ HONOR ____________________________ PTK _____ DB ____ F ____ LTR ____
Reg _____ Nurse _____ RadSci _______

Copies to: Student, Registrar’s Office

Revised 02-09-2016