

# PURDUE

UNIVERSITY

COLLEGE OF TECHNOLOGY at KOKOMO



*Fill in each blank*

NAME: \_\_\_\_\_  
*Last First Middle*  
*(PRINT your name EXACTLY as you want it to appear on your diploma)*

MAJOR: \_\_\_\_\_ AS \_\_\_\_\_ BS \_\_\_\_\_  
*(Check AS OR BS)*

CURRENT MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

SEMESTER YOU PLAN TO COMPLETE YOUR DEGREE REQUIREMENTS:

Circle one: *Fall Spring Summer: Session 1 Summer: Session 2*

PURDUE CAMPUS YOU WILL BE ATTENDING WHEN YOU GRADUATE: \_\_\_\_\_

DO YOU PLAN TO PARTICIPATE IN KOKOMO'S GRADUATION CEREMONY IN MAY? \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to: Purdue Student Services Office, KC 240**

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