



THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION



RAPHAEL O. WHEATLEY SKILL CENTER Post-Secondary Career & Technical Education Institute

Dr. Mario Francis, Principal
P. O. Box 9337, St. Thomas • U.S. Virgin Islands 00801
Tel: (340) 998-2730 | mario.francis@vide.vi

APPENDIX G APPLICATION FOR GRADUATION

Name of Applicant (Exactly as it should appear on the Certificate and Transcripts/Records)

Last Name: _____ First Name: _____ Middle Name: _____
Email address: _____ Phone#: _____
Student ID Number: _____
Physical Address: _____
City: _____ Zip Code: _____

I WILL COMPLETE MY GRADUATION REQUIREMENTS AT THE END OF:
_____ FALL TERM (DECEMBER 20__) _____ SPRING TERM (MAY 20__)

PROGRAMS OF STUDY:

Certificate:	Instructor:
Certificate:	Instructor:
Expected Graduation Date:	Cumulative GPA: (if known) CEUs:

COMMENCEMENT CEREMONY:

_____ I will participate in the ceremony. _____ I will NOT participate in the ceremony.

CAP and GOWN: (please state height and weight) _____ Height _____ Weight
Cap & Gown/Tassel/Stole/Padded Diploma Sleeve: \$ _____
Stole/Carbon Diploma Sleeve: \$ _____

I understand that this application is subject to the evaluation of the Instructor/ Faculty office and that the final approval of my graduation is subject to the ROWSC rules and guidelines. _____ (initials)

I understand that this application for graduation must be submitted by email or the registrar's office before the deadline indicated in the current academic calendar. _____ (initials)

DUE DATE: Graduates application is due....

LATE FEE: A late fee is assessed if the application is received after....

Student's signature: _____ Date: _____

Instructor's signature: _____ Date: _____