

**Monroe College
Office of the Registrar**

Petition for Degree Form

Section I: Personal Information

Please print clearly:

Last Name: _____ First: _____ M.I.: _____

Student ID#: _____

Degree (please circle): Associates Bachelors Masters

Major: _____ Minor (if applicable): _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Phone (home): _____ Phone (cell) _____

Student Signature: _____ Date: _____

Section II: Employment Information

Employer: _____ Work Phone: _____ Ext.: _____

Address: _____ Department: _____

City: _____ State: _____ Zip Code: _____

Student Signature: _____ Date: _____

Section III: Office of the Registrar Use Only

Degree Audit Status: _____	Graduation Term: _____	Cum. GPA: _____	Major GPA: _____
Comp. Cred: _____	Cred. IP: _____	Approved: _____	Disapproved: _____
Reason: _____			Date: _____