

Personal Information

Full Name: _____ Student ID or SSN: _____
(As you wish it read out at commencement)

Phonetic pronunciation of your name (optional): _____

Address: _____

Home Phone: () _____ Email address: _____

Please list **only one** degree title that are to be awarded and want read: _____

Which campus will you be participating in commencement ? Rocklin: _____ Nevada County Campus: _____

Age (optional): _____ Ethnicity (optional): _____

Additional Information

Scholarships: _____ Town Commuted from: _____

Sierra College clubs attended: _____ Other family members who attended Sierra: _____

If transferring, to which college or university: _____

Please indicate your ultimate career objective: _____

Did you have any special circumstances that you experienced in achieving your educational goals: _____

Do you require any special accommodations during the ceremony: _____

If you are an international student which country are you from: _____

Sierra College Recollections

What did you like about Sierra College: _____

What did you dislike about Sierra College: _____

Signature & Date

If you have a "restriction to access" on your records your name will not appear in the commencement program unless you sign below giving us permission to print your name in the program

Signature: _____ Date: _____

PLEASE COMPLETE FORM BY FRIDAY APRIL 24, 2009

Rocklin graduates – return to Admissions & Records / NCC graduates – return to the counseling office (NCC)