

GRADUATION APPLICATION

Name: _____ SSN or COM ID: _____
(Legal name to be printed on diploma)

Mailing address for diploma: _____
(Street or P.O. Box)

To avoid having your diploma returned, please provide a mailing address where you will be located following graduation. Diplomas will be mailed 6-8 weeks after completion.

(City) _____ (State) _____ (Zip) _____

Telephone _____ (Daytime #) _____ (Alternate #)

In what semester will you complete? ☐ Spring ☐ Fall ☐ Summer I ☐ Summer II

Do you plan to attend the commencement ceremony? ☐ Yes ☐ No

Are you a member of Phi Theta Kappa? ☐ Yes ☐ No

Are you completing your degree through Reverse Articulation? ☐ Yes ☐ No

Do you have any changes or substitutions on your degree plan? ☐ Yes ☐ No

If yes, please explain _____

If you have any transfer credits, please list the institution(s) _____

All transcripts from the institutions listed above must be on file in the Admissions Office before a degree audit can be completed.

Degree or certificate: (Circle One) Associate in Arts Associate in Science

Major: _____ Associate in Applied Science Certificate

Catalog year: _____ - _____ Marketable Skills Award

I understand that all financial obligations and holds must be cleared before I may be awarded my degree/certificate. I also understand that I will not be cleared for graduation until the degree audit has been evaluated and my completion of requirements verified. I certify that the information given on this application is complete and correct.

Student Signature Date

Advisor Signature Date

Applications are to be submitted during the semester of completion with a degree plan attached.

OFFICE USE ONLY

TSI sections satisfied: ☐ Reading ☐ Math ☐ Writing Residency requirements met: _____

Degree requirements met: ☐ Yes ☐ No Completion date: _____ Date mailed: _____

Final GPA: _____ Honors: _____ Comments: _____

Holds: _____