



APPLICATION FOR GRADUATION

Date: _____

Name: _____ **SSN/ID:** _____
Last First Middle

NAME AS YOU DESIRE ON DIPLOMA: _____

Address: _____
Street or Box # City State Zip

Type of Award	Term	Year
___ Associate of Arts	___ Fall	_____
___ Associate of Science	___ Spring	_____
___ Associate of Applied Science	___ Summer	_____
___ Certificate of General Studies		
___ Technical Certificate (If more than one, please list)		
_____	_____	_____
_____	_____	_____
___ Certificate of Proficiency (If more than one, please list)		
_____	_____	_____
_____	_____	_____

Catalog year to be used to verify award requirements: _____

Division: _____

Specialty for award: _____

NOTE: A 2.00 ("C") GRADE POINT AVERAGE (GPA) IS REQUIRED FOR GRADUATION.

Statement of Graduation Conditions

I am aware that even though I participate in the graduation ceremony this does not guarantee graduation. Graduation is achieved only after all grade requirements are met and authenticated by the Registrar. _____ Initials

Office Use Only

Date Award Ordered:
Date Award Received:

Date Award Released:

() Graduation Ceremony
() Award Held (Explain below)
() Student Pick-up
() Mailed

Student Signature

Registrar Signature