



GRADUATION APPLICATION

(PLEASE PRINT)

1. APPLICATION DATE: _____ GRADUATION DATE: (circle) JAN JUNE AUG 20_____

2. STUDENT I.D. #: _____ PHONE NUMBER: _____

3. NAME*: _____
(last) (first) (middle initial) (maiden)

*NOTE: The name that will appear on your diploma is the name that is listed on your official college student record.

4. ADDRESS: _____
(street)

(city) (state) (zip code)

5. APPLYING FOR: Associate Degree Certificate

6. PROGRAM CODE (e.g. BUS. AS) _____

7. HAVE YOU APPLIED FOR A COURSE WAIVER: Yes No

8. HAVE YOU RECEIVED APPROVAL FOR A COURSE WAIVER: Yes* No Pending

*If "YES", attach a copy of the approval letter from the Dean's Office. Waivers will not be honored without the approval letter.

If for any reason you are denied graduation for the date indicated above, it is your responsibility to contact the Dean's Office to reactivate your graduation packet once requirements have been met.

Original: Student's Academic Dean
Copy: Program Coordinator or Academic Dean
Copy: Student

OFFICE USE ONLY
Dean (initial): _____
Date: _____