

APPLICATION FOR GRADUATION/CERTIFICATION
(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. ARE YOU APPLYING FOR: Associate Degree _____ Certificate of Study _____

6. PROGRAM OF STUDY: _____

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 Dean's Office.
This is REQUIRED*

If for any reason you are denied graduation/certification for the date indicated above, it is your responsibility to contact the Dean's Office to reactivate your graduation packet.

Copies: Student's Academic Dean (white)
Student's Program Coordinator or Academic Advisor (yellow)
Student (pink)

OFFICE USE ONLY
Dean (initial) _____
(date) _____

