

APPLICATION FOR GRADUATION/CERTIFICATION

Graduate Please Complete: (Please Print)

1. Application Date: _____ Graduation Date: (check): DEC MAY AUG 20 _____

2. Student I.D. #: _____ Phone Number: _____ GPA: _____

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. Student email: _____

6. Are You Applying For: Associate Degree _____ Certificate of Study _____

7. Program of Study: _____

8. Have you applied for a Course Waiver: Yes _____ No _____

9. 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

Student Signature: _____ Date: _____

FOR ADVISING USE ONLY: (PLEASE CHECK ONE)

1. Student should graduate upon successful completion of current course work. _____

2. Student should graduate upon successful completion of current course work and successful completion of next semester's course work. _____

Semester of Completion

Courses to Complete

Fall _____

Spring _____

Summer _____

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.

Program Coordinator/Advisor (Please Print): _____ Date: _____

Program Coordinator/Advisor Signature: _____

OFFICE USE ONLY: Deans Initials: _____ Date: _____