APPLICATION FOR GRADUATION

Date _____

Name: _____ **Social Security #:** _____
Last First Middle

Name as you desire on diploma: _____

Address: _____
Street or Box # City State ZIP

Type of Award	Term	Year
_____ **Associate of Arts**		
_____ **Associate of Arts in Teaching**	_____ **Fall**	_____
_____ **Associate of Science**	_____ **Spring**	_____
_____ **Associate of Applied Science**	_____ **Summer I**	_____
_____ **Certificate of General Studies**	_____ **Summer II**	_____
_____ **Technical Certificate** (If more than one please list)	_____ **Summer III**	_____
_____	_____	
_____	_____	
_____ **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 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 **Registrar**

Gradapp11022011