



# Graduation Application

(This form must be submitted to the Admissions Office.)

Student ID: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(1) PROPER name as you would like it to appear on your diploma. (PRINT LEGIBLY)**

\_\_\_\_\_

First Middle Last

**(2) Mail diploma to:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_

**(3) Degrees for which you are applying:**

\_\_\_\_\_ ASSOCIATE IN ARTS (AA)

*The courses taken lead to a Bachelor's Degree.*

\_\_\_\_\_ ASSOCIATE IN APPLIED SCIENCE (AAS) in \_\_\_\_\_ program

*This is for two-year technical and two-year AD Nursing Majors*

\_\_\_\_\_ CAREER/TECHNICAL CERTIFICATE in \_\_\_\_\_ program

**(4) Semester and year you plan to graduate:**

\_\_\_\_\_ **Fall** (December) \_\_\_\_\_ **Spring** (May) \_\_\_\_\_ **Summer** (July/August)

\_\_\_\_\_ I wish to participate in commencement exercises.

**Please visit the admissions office at any of our campus locations to complete a Cap and Gown form if you plan to walk.**

\_\_\_\_\_ I do not wish to participate in commencement exercises.

**Diplomas will be mailed to the address listed above.**

\_\_\_\_\_ Previous Graduate: year \_\_\_\_\_ / Duplicate Diploma (\$15.00 fee)

\_\_\_\_\_ PTK Member