



Application for Graduation

Name: _____

Student ID No.: _____

Telephone No. (home) : _____

(Cell): _____

Email Address: _____

IMPORTANT

Please print your name clearly, as you want it to appear in the graduation program and on your diploma. If you make an error, you are financially responsible for the replacement.

NAME: _____

Please check degree(s) applying for:

ASSOCIATE DEGREE

- Accounting (ACT)
- Business Management (BMT)
- Business Transfer (BTT)
- Chemical Dependency Counseling (CDC)
- Computer Engineering Tech. (CET)
- Computer Science Transfer (CTT)
- Computer & Network Support Technology (CNS)
- Corrections (COR)
- Culinary Arts (CAA)
- Early Childhood Education (ECE)
- Early Childhood Education Transfer (TEC)
- Electronic Engineering Tech. (EET)
- Electronics Transfer (ETT)
- Elementary Education/Generic Special PreK-12 Transfer (TEG)
- Emergency Medical Services (EMS)
- Environmental Energy Technology (EEN)
- Environmental Science Transfer (EST)
- Forensic Science (FOR)
- General Studies (GNS)
- Hotel-Motel-Restaurant Management (HMR)
- Law Enforcement (LEF)

- Manufacturing Computer-Aided Drafting (MFC)
- Manufacturing Transfer (MFG)
- Medical Office Assistant (MOA)
- Nursing (ADN)
- Office Technology Specialist (SOS)
- Programming & Internet Technology (CPI)
- Radiologic Technology (RDT)
- Science Transfer (STR)
- Secondary Education Transfer (TES)
- Wireless Communications Tech. (WCT)
- Other _____

- Early Childhood Education (ECC)
- Electronic Engineering Technology (EEC)
- Emergency Medical Technician—EMT-I (EMC)
- Emergency Medical Technician—EMT-P (EMT)
- Environmental Energy Technology (ENE)
- Forensic Science (FSC)
- General Business (BMC)
- Health Information Technology (HIN)
- Hotel-Motel Management (HMC)
- Law Enforcement (LEC)
- Law Enforcement Technology (LET)
- Manufacturing Computer-Aided Drafting (CAD)
- Manufacturing Engineering Technology (MCC)
- Medical Transcription (SMT)
- Nursing (LPN)

CERTIFICATE OF PROFICIENCY

- Accounting (ACC)
- Applications Specialist (ASC)
- Architectural Computer-Aided Drafting (CCE)
- Chemical Dependency Counseling (CCD)
- Communications Electronics (CEL)
- Computer Hardware Technician (CHT)
- Computer Software Technician (CST)
- Corrections (CRC)
- Culinary Arts (CAC)
- Office Assistant (OAC)
- Restaurant Management (HRC)
- Small Business Management (SBC)
- Supervisory Development (SDC)
- Turf Management Technology (TMT)
- Other _____

Date of program completion, end of : Spring Summer 1 Summer 2 Fall Year _____

Please note that diplomas are ordered after completion of the degree. When received they are mailed to the address on file. If you need to correct your address, please fill out a Change of Student Information form as soon as possible.

Do you plan to participate in the commencement ceremony? Yes No

Student's signature: _____

Date: _____

It is your responsibility to return this form to the student services office. Your file cannot be processed for graduation without this form. Graduation dates can not be backdated, please apply in advance of your completion date.

Note: Date of record is the date the signed form is received by the student services office.