

Application for Graduation for Degree or Certificate

In order to be considered for graduation, you must complete and return this form to the Office of Enrollment Services at least 30 days before you register for your last term and all fees must have been paid. The diploma fee is due upon submission of this Application for Graduation.

<input type="checkbox"/> Learning Support	For Administrative Use Only		Degree/Cert Awarded _____
<input type="checkbox"/> History	<input type="checkbox"/> On Track	Graduation GPA _____	
<input type="checkbox"/> Constitution	<input type="checkbox"/> Incomplete	Denied _____	
<input type="checkbox"/> Regents' Testing Program (RTP)			
<input type="checkbox"/> College Preparatory Curriculum (CPC)			
<input type="checkbox"/> Residency Requirement			

DSC ID # _____ **PLEASE PRINT NAME EXACTLY** as you want it to appear on your diploma:

Note: A name change in Banner will not change your name on your diploma. Contact Enrollment Services to change your name on your diploma.

Last First Middle

Mailing Address City State Zip
(Information for H.E.W. reports ONLY)

County of Residence Phone Number Race Age

Degree: Bachelor
 Associate of Arts
 Associate of Science
 Associate of Science in Nursing
 Associate of Applied Science
 Certificate

Program of Study (Major): _____

Year of catalog under which you are graduating: _____ Quarter Program Semester Program
(Note: Any catalog after 1998 was based on the semester system.)

Date degree requirements are to be completed: Term _____ Year _____

By completing this graduation application, you authorize DSC to include your name in the graduation program. If you **DO NOT** wish for your name to appear, please initial below:

DO NOT PUBLISH my name in the graduation program. Initial _____ Date _____

Signature of Applicant _____ Date _____

Have any course substitutions been submitted to academic affairs? Yes No
 Do these include any approved PE exemptions? If so, please list: _____
 List below any courses that will be used toward residency or subsequent degree requirements:

APPROVED _____ DATE _____
Signature of Faculty Advisor or Division Chair

Ask your faculty advisor to list courses currently in progress and those needed next term to complete degree requirements:

COURSES NOW IN PROGRESS:

Term: Fall Spring Summer _____ Year

Course: Number: Hours:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER COURSES NEEDED TO GRADUATE:

Term: Fall Spring Summer _____ Year

Course: Number: Hours:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us what you plan to do after you complete requirements for your DSC degree or certificate:

I plan to continue working toward a bachelor's degree in _____
 (Major)
 at _____
 (College or University)

I plan to become employed as a _____ at _____

I plan to _____
 (Other)

Student remarks: _____

WHEN COMPLETED, TAKE THIS FORM TO THE OFFICE OF ENROLLMENT SERVICES TO PAY YOUR DIPLOMA FEES.

DIPLOMA FEE: \$ _____

DATE PAID _____

RECEIPT # _____

COMPTROLLER # _____