



Applicant Information

Print name EXACTLY as it will appear on degree		Student ID #:
First Name:	Middle Name:	Last Name:
Diplomas will be <u>mailed</u> to the address provided below:		Graduates should expect to receive diplomas accordingly: FALL Graduates – March; SPRING graduates – August; SUMMER Graduates - October
MAILING ADDRESS	Street Address or PO Box:	
City:	State:	ZIP Code:
Email Address:		Phone Number:

Degree Information (check one below):

Academic Education :	Career, Technical, & Workforce Education:		
Associate of Arts <input type="checkbox"/>	Career Certificate <input type="checkbox"/>	Technical Certificate <input type="checkbox"/>	Associate of Applied Science <input type="checkbox"/>
Program of Study:	Program Code:	Expected semester degree requirements are completed:	

Participation in SPRING COMMENCEMENT EXERCISES: YES NO

ONLY complete the below information if you marked "YES" above & WILL participate in **SPRING (MAY) COMMENCEMENT**

Height: _____ feet _____ inches	Coat or Chest size: _____ inches	Check One: Female <input type="checkbox"/> Male <input type="checkbox"/>
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The above information will be used to order your Cap and Gown for the Spring Commencement Exercises

For the Commencement Exercises, **ONLY** the graduate's **FIRST** and **LAST** name will be announced.

Signatures

Student's Signature:	Date:
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I have reviewed the above student's degree plan and all requirements will be met for the above degree at the completion of the semester.

Advisor's Name (Print):	Advisor's Signature:	Date:
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SUBMIT COMPLETED APPLICATION TO THE REGISTRAR'S OFFICE FOR PROCESSING.
Please do not leave application with Advisor.